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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: A	INETTE HUT (Name of Limite	TCHINSON, CPA, and Liability Company)	LLC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Annette	Hutchinson (Name of Person)	
		(Firm/Company)	
	4430 HUN	Address)	
		RTH FL 3346 (City/State and Zip Code)	7
For further information co	ncerning this matter, please ca	ıll:	
ANNETTE (Name o	HUT CHINSON (Person)	at (<u>561) 543-2</u> (Area Code & Daytime To	599 Elephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

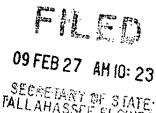
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2	TALLAHASSEE FLORIDA
ANNETTE HUTCH (Name of the Limited Liability	LINSON CPA, LLC Company as it now appears on our records.)
(A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 1112412003 and assigned
Florida document number <u>L 030004707</u>	- 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
ANNETTE HU	ITCHINSON LLC.
The new name must be distinguishable and end with the wor- "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	tered office address on our records, enter the name of the new
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(City) (Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager.

or Managing Member being added or removed from our records:

	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add
). If ame	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necesso	ary.)
		,	
 - -			09 FEB 27 AM ID: 2 SECRETARY OF STAT

Page 2 of 2

Filing Fee: \$25.00