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SESPETARY OF STATE DIVISION OF COMPORATIONS

COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT:	Bordelon, Gre	ene & Lynchard, P.L.	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Rebecca Collins	
		Name of Person	
	B	ordelon Law Firm P.L.	
		Firm/Company	
	272	21 Gulf Breeze Parkway	
•		Address	
·.	G	Sulf Breeze, FL 32563	
		City/State and Zip Code	
	sbry	vant@lawbordelon.com to be used for future annual report noti	· · · · · · · · · · · · · · · · · · ·
Pro Control of			ication)
ror further information co	ncerning this matter, please c	all:	
Se	lina Bryant	at (850)	934-1000
Name of	Person	Area Code & Daytin	ne Telephone Number
Enclosed is a check for the	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)

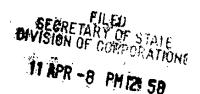
MAILING ADDRESS:

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

Bordelon, Greene & Lynchard, P.L.



(Name of the Limited I	Liability Company as it now app Florida Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Lia Florida document number L03000055		December 23, 2003	_ and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
	Bordelon Law Firm P.	L	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
		Enter Florida street addre	ss.
		, Florida	
	City		Zip 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 Changing Registered Agent, Signature of New Registered Agent

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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	BANISHON OF -1
			RYOF STATE
ıted	April 1	2011	— 영 중에
rated	Signature of a mer		melon K

Page 2 of 2

Filing Fee: \$25.00