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T. HAMPTON

MAY 1 8 2009

EXAMINER

## **COVER LETTER**

Division of Co				
SUBJECT:	Miller &	Williams, PLC		
Source:		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Riley Williams		
		Name of Person		
	N	Miller & Williams, PLC		
Firm/Company				
2905 Corinthian Avenue, Suite 5				
		Address		
Jacksonville, FI 32210				
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	call:		
	Riley Williams	at (	25-0040	
Name	of Person	Area Code & Daytime	Felephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAI	LING ADDRESS:	STREET/COURIE	R ADDRESS:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miller & V	Villiams, PLC			
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appe	ears on our records.)		
(		,		
The Articles of Organization for this Limited Liability Comp	any were filed on _	January 5, 2004	and as:	signed
Florida document numberL0400000805				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	<u>iere</u> :		
J. Riley W	/illiams, PLC			
The new name must be distinguishable and end with the words "I	Limited Liability Com	pany," the designation "LI	C" or the	abbreviation
"L.L.C."			0	NIO
Enter new principal offices address, if applicable:				SEE
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			¥R - <del>25-</del>
			5	FAR I
			3	중유당
Enter new mailing address, if applicable:			AM	STA: )RA1
(Mailing address MAY BE A POST OFFICE BOX)			58	Sm.
	<del></del>			<del></del>
B. If amending the registered agent and/or registered	l office address or	our records, enter th	e name	of the nev
registered agent and/or the new registered office address				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.		Enter Florida street addr	ess	
Florida				
		. Florida		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of	<u>Action</u>
MGRM	Mary C. Miller	2905 Corinthian Avenue Suite 5	Add Remo	ve
		Jacksonville, Fl 32210	_	
			Add Remov	ve
			_	
			Add Remo	ve
	<u></u>		Add Remo	ve
			_	
			Add Remov	/e
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D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)		
			<b>60</b>   60	SEC
	, <u>.</u> ,		09 MAY 15	
<del>,,,,11</del> _			- 5 - 3	287 287 287 287 287 287 287 287 287 287
			- - <del>: -</del> -	STATE
Dated	May 14	, <u>Zoo 9</u> .	Ó	<del>**</del> 5
	1. Riley is ill	a member or authorized representative of a member		
	O Signature of	J. Riley Williams		
		Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00