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TRANSMITTAL LETTER

Division of C						
SUBJECT: Chiodo-	Goff & Associates, LLC					
	(Name of Li	mited Liability Company)		٠	~
	of Amendment and fee(s) are su	•				
	Sam Chiodo		·			
	0	Name of Person)				• •
		Firm/Company)				t
10045 ld	le Pine Lane	(Address)				
Вс	onita Springs, FL 34135		- 			
	(City)	State and Zip Code)				,.
For further information	concerning this matter, please of	call:		TALI	05	
Russell E. A		at (239	450-0560	AF.	05 MAR	
	(Name of Person)	(Area Cod	e & Daytime Telephone	Number	-4 PH 12:	100
Enclosed is a check for the \$25,00 Filing Fee	e following amount: \$30.00 Filing Fee & Certificate of Status		Certificat enclosed) Certified	Filing Forms	92	9

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chiodo-Goff & Associates, LLC

		(Present 1 (A Florida Limited Li	Name) iability Company)				e storte e
FIRST:	The Articles of Organiza document number L0400	tion were filed on Octob 00077787	er 27, 2004	and assign	ed		
SECOND:	The following amendr liability company:	nent(s) to the Articles	of Organization	was/were adopte	ed by the li	mited	, -:
	The name of the Florid	la Limited Liability Comp	any is hereby cha	inged to Chiodo	& Associates	s, LLC.	
					SEURETUS TALLAHASSEE	05 MAR ~4 P	
Dated Febr	uary 23	,_2005	Service - Red C		FLORIDA	PH 12: 02	
	Signatur	e of a member or authoriz	ed representative of	a member	·		1 8.3
	Russell E. Ansley						
		Typed or printed n	ame or signee				

Filing Fee: \$25.00