Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone Fax Number : (727)442-1200 : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRADY, ANDREWS & WINTER, P.L.C.

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EXAMNE



March 15, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

GASSMAN & ASSOCIATES, P.A.

SUBJECT: BRADY, ANDREWS & WINTER, P.L.C.

REF: L05000037031

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The purpose listed for this entity is dentistry, the new name implies this is a law firm, you will need to amend your purpose.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H10000057437 Letter Number: 610A00006269

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRADY, A	NDREW	S & WINTER,	P.L.C.		
(Name of the Limited L (A F	i <mark>ability Com</mark> Iorida Limited	pany as it now appear Liability Company)	rs on our records.)		
•		ny were filed on	April 14, 2005	and assigne	d
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BRADY LAW GROUP, P.L.C. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) TO COMPANY TO COMPANY					
A. If amending name, enter the new name of t	ne limited lis	bility company her	<u>e</u> ;		
The new name must be distinguishable and end with t "L.L.C."	he words "Lit	nited Liability Compa	ny," the designation	"LLC" or the abbre	viation
	le:		· · · · · · · · · · · · · · · · · · ·		ise Januar
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>				- 모음
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Enter new mailing address, if applicable:				_	- 200 - 100
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				- 35 T
			•	·	
registered agent and/or the new registered office Name of New Registered Agent:	e address he	<u>re</u> ;			new
A		Eni	er Florida street ad	lctress	
	Ta	mpa	, Florida _	33409	
	1-1-	City		Zip Code	<u>-</u>
New Registered Agent's Signature, if changing Reg	istered Agen	Ŀ			
I hereby accept the appointment as registered a the provisions of all statutes relative to the proj accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and compred agent as istered officiange.	plete performance : provided for in Ch	of my duties, and I apter 608, F.S. Or confirm that the li	am familiar with ; if this document imited liability	and

H100000574373

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:

IGRM = <u>ille</u>	Managing Member Name	Address	Type of Action
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
,			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) SS	
5		nal limited liability company is organized branches of the practice of law within the	- - -
,	connection with that practice.	go wat are necessary of proper in	<u></u>
æd		10	IO HAR
	ALAN S. GASSM	or authorized representative of a member IAN, Authorized Representative or printed name of signee	IS AH
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