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EXAMINER

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Maria D. Marthe, CPA, L	LC
	Name of Limited Liability Company	y
The enc	closed Articles of Amendment and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Maria D. Marth	ne
	Name of Person	
	Maria D. Marthe, CF	PALIC Sec. 23
	Firm/Company	
	• •	A, LLC  ACCORDANCE AND OF STATE OF STAT
	P.O. Box 4715	
	Address .	
	Lake Monroe, FL 3	<u> </u>
<i>(-)</i>	City/State and Zip Co	de SA 3
વેના <b>નર્જસ</b> ાર		
• .	E-mail address: (to be used for future ann	ual report notification)
For furth	her information concerning this matter, please call:	
	Maria Marthe at ( 407 )	324-9317
	Name of Person Area C	Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$25.0	00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy)	
		EET/COURIER ADDRESS: stration Section

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

Marth	ne & Farner, LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for the Liabilit	Company were filed on	01/05/2006	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :		
Maria D	. Marthe, CPA, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		<u></u>		
(Principal office address MUST BE A STREET ADD	RESS)	<del>5</del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		EE, FLORIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter th	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Address** <u>Name</u> **MGRM** M. Cecilia Farner 1409 Sunningdale Way Orlando, FL 32828 ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 30, 2011 Signature of a member or authorized representative of a member Maria D.\Marthe Typed or printed name of signee

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

Page 2 of 2

Filing Fee: \$25.00