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EXAMINER

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COVER LETTER

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TO:	Registration S Division of Co			
SUBJECT: MAG			& MAGER, LLC	
~ 0 202			nited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
			Name of Person	
	MAGER LAWYERS, LLC			
Firm/Company		Firm/Company	7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	2300 EAST OAKLAND PARK BLVD, #206			
			Address	2010 APR 20 SECRETARY FALLAHASSE
	FORT LAUDERDALE, FL 33306			
	City/State and Zip Code			
		SCOTT	@MAGERLAWYERS.COM	
For furt	ther information of	concerning this matter, please	(to be used for future annual report notification call:)
	SC	OTT MAGER	_{at (} 954 _{.)} 763	3-2800
		of Person	Area Code & Daytime Tel	
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGER & M	MAGER, LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company	y were filed on	05/01/2006	and assigned			
Florida document numberL06000045250						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	bility company here	ž:				
MAGER LAW	·					
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compar	ny," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applicable:	SAME					
(Principal office address MUST BE A STREET ADDRESS)			78 20 14 A S S S			
	<u></u>					
Enter new mailing address, if applicable:	SAME		FLORI D			
(Mailing address MAY BE A POST OFFICE BOX)			7			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>ente</u>	r the 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

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:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATIE MAGER	2300 EAST OAKLAND PARK BL FORT LAUDERDALE, FL 33306	VD, ♀ ☐ Add ☐ ✓ Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			A Add A Add
D. If amend	ling any other information, e	enter change(s) here: (Attach additional sheets, if neces	Remove C
 Dated	APRIL 8	, <u>2010</u>	
	Signature	of amember or authorized representative of a member	<u></u>
		SCOT MAGER Typed or printed name of signee	

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Filing Fee: \$25.00