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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	McClanathar	n, Burg & Arndt, LLC	
SUBJECT.		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	omitted for filing.	
Please return all corresp	pondence concerning this matte	r to the following:	
	J	Jeffrey P. McClanathan Name of Person	
		··	
	McClana	McClanathan, Burg & Associates, LLC	
		Firm/Company	
	150 - 2	150 - 2nd Avenue North, Suite 600	
	Address		
	St. F	St. Petersburg, Florida 33701	
		City/State and Zip Code	
	angie@mbacpallc.com E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please	•	MÜDEC 27 PM 4: 89 SEGRETARY OF STATE ALLAHASSEE, FLORIDA
	Angie Myers	at (727) 894-1040 ext 2	230
Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy (additional copy is enclosed)	Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McClanathan, Books (Name of the Limited Liability Comp. (A Florida Limited	urg & Arndt, Ll any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	07/05/2006	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
McClanathan, Burg	& Associates, LL	_C		
The new name must be distinguishable and end with the words "Lin" 'L.L.C."	nited Liability Compa	ny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			P ()	
			A B T	
			27 ASSE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u>54 ÷ 0</u>	
			RANGE CONTRACTOR	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Scott A. Arndt, CPA, PA	150 - 2nd Avenue North, Suite 600 St. Petersburg, Florida 33701	Add Remove
			Add Remove
			Add Remove
	·		Add Add Add Add Add Add Add Add
			Remove Remove
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.	Actor
_			
Dated	December 15	2011 1. Clary	
	. 7 0	ber or authorized representative of a member	
		ffrey P. McClanathan ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00