877P01000J0J

(Req	uestor's Name)			
. (Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL .		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



400119677974

03/10/08--01015--016 **25.00

08 MAR 10 AM 8: 1

SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

MAR 1 2 2008

EXAMINER

COVER LETTER

	on Section f Corporations		•	
SUBJECT: Thur	man Gould, LLC	ted Liability Company)		
	(Name of Limi	ted Liability Company)		
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.		
Please return all con	rrespondence concerning this matter	to the following:		
	J. Eric Gould			
		(Name of Person)		
	Thurman Gould, LLC	•		
	muman Gould, ELO	(Firm/Company)		
			,	
	801 Brickell Avenue, 9			
		(Address)	٠,	,
	Miami; FL 33131		•	18 18
	INICATINAL IL SOLOT	(City/State and Zip Code)		
For further informa	tion concerning this matter, please ca	all:		
	,.			
J. Eric Gould	Name of Person)	at (<u>305_)704_76</u> (Area Code &	575 Daytime Telephone	Number)
· ·	,	·		,
			•	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fo	ee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Co	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT SECRETARY OF STATE TO ARTICLES OF ORGANIZATION8 MAR 10 AM 8: 10

Thurman Gould, LLC (Name of the Limited) (A	Liability Company as it nov Florida Limited Liability Co	w appears on our records.) mpany)		
The Articles of Organization for this Limited Lia	ability Company were filed	l on <u>11/13/06</u>	and assigned	
Florida document number <u>L06000109778</u>	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability comp	pany here:		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liabilit	y Company," the designation "Ll	LC" or the abbreviation	
B. If amending the registered agent and/o registered agent and/or the new registered off		ess on our records, enter th	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:	801 Brickell Avenue, Suite 900 (Enter Florida street address)			
	Miami	, Florida <u>33</u> 1		
•	(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 Address **Type of Action** Title <u>Name</u> Add Remove Add Remove Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The address of the LLC has changed to: 801 Brickell Avenue, Suite 900 Miami FL 33131______ , 2008 Dated March 7 Signature of a member or authorized representative of a member J. Eric Gould Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00