

JUN 5. 2014 2:44 PM GASSMAN LAW ASSOCIATES P.A. NO. 4306 Page 1 of 2
#L06000119951

Florida Department of State
Division of Corporations
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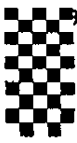
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June 5, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations
FULMER, LEROY, ALBEE & BAUMANN, P.L.C.
C/O MICHAEL W. LEROY, ESQ.
910 N. FERNCREEK AVE.
ORLANDO, FL 32803

SUBJECT: FULMER, LEROY, ALBEE & BAUMANN, P.L.C.
REF: L06000119951

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 name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

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GASSMAN LAW ASSOCIATES P.A.

NO. 4306 P. 3

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2014 JUN -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FULMER, LeROY, ALBEE & BAUMANN, P.L.C.

(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 were filed on 12/18/2006 and assigned
Florida document number LD6000119951

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FULMER, LeROY & ALBEE, P.L.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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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

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GASSMAN LAW ASSOCIATES P. A.

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 4, 2014



Signature of a member or authorized representative of a member

Alan S. Gassman, as Authorized Representative

Typed or printed name of signee