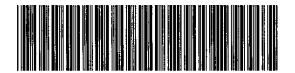
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D. BRUCE
JAN 0 2 AN 3
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

McClain, Smoak & Chistolini, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William G K Smoak

Name of Person

McClain, Smoak & Chistolini

Firm/Company

320 W. Kennedy Blvd., Suite 600

Address

Tampa, FL 33606

City/State and Zip Code

billsmoak@flatrialcounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William G K Smoak

813₂₂₁₋₁₃₃₁

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McClain, Smoak & Chistolini, LL				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecords.)		
	Company were filed on 12/19/2006	and assigned		
Florida document number L06000120438	.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) In for this Limited Liability Company were filed on 12/19/2006 and assigned L06000120438 and assigned L06000120438 Iter the new name of the limited liability company here: LC C			
Smoak & Chistolini, LLC	oak & Chistolini, LLC			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the des	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		75 S 201		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>			
Enter new mailing address, if applicable:		ه ځه ځ <u>ټ</u> ۱۹ ۲۰۰س		
(Mailing address MAY BE A POST OFFICE BOX)				
		Ç₩ 9		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ls, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
	7	FloridaZip Code		
	City	Zip Coae		

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> Address Remove Remove Remove Remove Remove

). If aņ	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	December 26. 2012.
	h / dt / 2
	Signature of a member or authorized representative of a member
	William G K Smoak
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

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