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TALLAHASSEE, FLORIDA

T. CLINE

APR 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael S. Hagen Attorney P.L.
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:

Michael S. Hagen
Name of Person

Michael S. Hagen Attorney P.L.
Firm/Company

6249 Presidential Court, Suite F
Address

Fort Myers, FL 33919
City/State and Zip Code

info@mikehagen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Hagen at (239) 275-0808
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

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Michael S. Hagen Attorney P.L.

Page 1 of 2

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

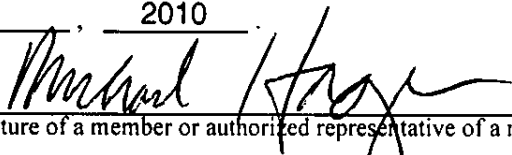
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name change: The name of the Florida Limited Liability Co. is amended to
read "Michael S. Hagen, Attorneys, P.L." All other information remains the same.

Dated April 23, 2010



Signature of a member or authorized representative of a member

Michael S. Hagen

Typed or printed name of signee