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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		·	•
SUBJEC	CT: Michael	S. Hagen Attorney P.I		
	Name of	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The encl	osed Articles of Amendment and fee(s) a	re submitted for filing.		
Please re	sturn all correspondence concerning this r	natter to the following:		
		Michael S. Hagen		
		Name of Person		
	M	ichael S. Hagen Attorney	P.L.	
		Firm/Company		-
	62	249 Presidential Court, S	uite F	
		Address		THE PER MAN
		Fort Myers, FL 33919		TILED MIN APR 26 MIN SECRETARY OF
		City/State and Zip Code info@mikehagen.com		SSER TO
	E-mail add	ress: (to be used for future annual rep	oort notification)	70 3
For furth	ner information concerning this matter, pl	ease call:		EF. F. JAIL
	Michael S. Hagen	at (239)	275-0808	•
	Name of Person		t Daytime Telephone Numbe	r
Enclosed	l is a check for the following amount:			
₹25. 0	00 Filing Fee \$30.00 Filing Fee & Certificate of Sta	tus Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &
	MAILING ADDRESS:	STREET/	COURIER ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WICHAEL S. HAGER (Name of the Limited Liability Compan (A Florida Limited Li	n Attorney P.L. y as it now appears on our records.) iability Company)	_	
The Articles of Organization for this Limited Liability Company virilla document numberL06000123118		l assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ility company here:		
Michael S. Hagen,	Attorneys, P.L.		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ted Liability Company," the designation "LLC" or	the abbreviation	
Enter new principal offices address, if applicable:		3	
(Principal office address MUST BE A STREET ADDRESS)	The second secon	8 FM	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ing TEOR	of STALE	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ne of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Florida street address		
	, Florida	Code	
	City Zip (Juue	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	= Manager ∕I = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Remove PPR 2
			Add Pop Remeve
D. If ai	Name change: The name of the F	nge(s) here: (Attach additional sheets, if necessary.) Iorida Limited Liability Co. is amended to	Remove
	read "Michael S. Hagen, Attorneys	, P.L." All other information remains the san	<u>ne</u> .
Dated _	April 23 , 2	2010	Alexander
		per or authorized representative of a member Michael S. Hagen ed or printed name of signee	

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Filing Fee: \$25.00