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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			477 - T
SUBJECT: Law O	ffice of Joel C. Wilso	n, P.L. ited Liability Company)	
	(Name of Lim	ned Elaomiy Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joel C. Wilson		
		(Name of Person)	
	Law Office of Joel C. Wil	son, P.L. (Old Name) Wilson Law	Firm (New Name)
		(Firm/Company)	
	809 Irma Avenue, Suite	2	
		(Address)	
	Orlando, FL 32803		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Joel C. Wilson		at (407) 648-5255	
(Name	of Person)	(Area Code & Daytime T	elephoле 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:

3

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

09 JAN 16 AH II: 06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Law Office of Joel C. Wilson, P.L.

(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 01/02/2007	and assigned
Florida document number L07000000332		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Wilson Law Firm, P.L.		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	809 Irma Avenue, Suite 2	2
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	809 Irma Avenue, Suite 2	2
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32803	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	
	(Enter Florid	da street address)
		Florida
	(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.

	ging Member being added or rer	noved from our records:	
MGR = 1 MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			<u> </u>
			Add Remove
			- Damaya
			Domestica
D. If am	ending any other information, er	nter change(s) here: (Attach additional shee	
			O9 JAN 16 AM II: 06 SECRETARY OF STATE TALLAHASSEE FLORIDA
Dated <u>Jar</u>	nuary 13	, 2009	TATE:
	Signature o	Ta member or authorized representative of a member	mber

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee