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COVER LETTER

	ation Section of Corporations					
SUBJECT: BC	oulos & Associates, LLC	the delicability Commence				
	(Name of Lin	nited Liability Company)				
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.				
Please return all	correspondence concerning this matte	er to the following:				
	Felecia Boulos-Falana					
	resecta bodios-rataria	(Name of Person)				
	Boulos & Associates, Li	LC				
		(Firm/Company)				
	4405 Sartillo Road, Suit	te B				
		(Address)				
	St. Augustine, FL 3209					
		(City/State and Zip Code)				
For further inform	nation concerning this matter, please	call:				
Felecia Boulos-	Falan	at (_904) 334-0632				
	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a che	cck 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

1. A. 1. 1. 4. 1.

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

Boulos & Associates, LLC			·····			
(Name of the Limited	l Liability Compar A Florida Limited L	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on Febru	uary 22, 2007	and as	signed	
Florida document number L07000020053	·					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here	•			
Falana Law, LLC						
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limi	ited Liability Compan	y," the designation ".	LLC" or the	abbreviation	
Enter new principal offices address, if applicable:		4405 Sartillo Road, Suite B				
(Principal office address MUST BE A STRE	ET ADDRESS)	St. Augustine, Fl	32095		<u> </u>	
					<u> </u>	
				2 29	무중도	
Enter new mailing address, if applicable:		wm-12-				
(Mailing address MAY BE A POST OFFICE			X	- 등록~ - - 교		
					25	
				0	맞 ^{mi}	
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter</u>	the name	of the nev	
Name of New Registered Agent:	Felecia Boulo	s-Falana				
New Registered Office Address:	4405 Sartillo	Road, Suite B				
		(En	ter Florida street ac	ldress)		
	St. Augustine		, Florida <u>32</u>	2095		
		(City)		(Zip Co	de)	

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 Changing Registered Agent, Signature of New Registered Agent)

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>	Address	Type of Action		
			Add Remove		
,			Add Remove		
			Add Remove		
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)			
_			_		
_					
Dated Dece	(- 3v	or authorized representative of a member			
	Felecia Boulos-Falana	C			
		or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00