LO 7000050/34

| (Requestor's Name) | |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|------------|
| SUBJECT: Herrmann & Haahr, PL | | | |
| | imited Liability Company) | | |
| | | | |
| The enclosed Articles of Amendment and fee(s) are s | submitted for filing. | | |
| Please return all correspondence concerning this matter | ter to the following: | | |
| | | | |
| Staci Haahr | | | |
| | (Name of Person) | | |
| Herrmann & Haahr | r, PL | | |
| | (Firm/Company) | ZOOO SEC | |
| 1015 7th Ave N. | | FEB RETA AHAI | |
| | (Address) | 29 SSEI | F |
| St. Petersburg, FL | 33705 | E 07 7 | FLED |
| Ot. 1 etcl sburg, 1 L | (City/State and Zip Code) | H: | |
| | | 4: 02 TATE ORIDA | |
| For further information concerning this matter, please | e call: | | |
| Staci Haahr | at (727) 896-7777 | | |
| (Name of Person) | (Area Code & Daytime Te | lephone Number) | |
| | | | |
| Enclosed is a check for the following amount: | | | |
| \$25.00 Filing Fee \$\times \$30.00 Filing Fee \$\text{Certificate of Status}\$ | \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Fee, Certificate of Status | s & |
| 54 000 0 00 | (additional copy is enclosed) | Certified Copy (additional copy is | |
| | | (additional copy in | onor oscu, |
| | | | |
| MAILING ADDRESS: | STREET/COURIER | ADDRESS: | |
| Registration Section Division of Corporations | Registration Section Division of Corporation | ns | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center | Circle | |
| | Tallahassee, FL 32301 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Herrmann & Haahr, PL | | |
|---|---|-----------------------|
| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now appears on o orida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liab | ility Company were filed on May 10, | 2007 and assigned |
| Florida document number <u>L0700050134</u> | · | |
| This amendment is submitted to amend the follow | ing: | 2008 I |
| A. If amending name, <u>enter the new name of th</u> | | FEB 29 RETARY |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability Company," th | y: 0 |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | - 1.O |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Enter Fl | orida street address) |
| | (4 | · |
| | (City) | , Florida (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.

(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 |
|---------------|---|--|---|
| MGRM | Law Office of Hans Peter H | 6831 3rd St N St. Petersburg, FL 33702 | Add ✓ Remove |
| MGRM_ | Hans Peter Haahr | 6831 3rd St N St. Petersburg, FL 33702 | Add Remove |
| | | AHASSE | Remove |
| D. If amend | ling any other information, enter chang | e(s) here: (Attach additional sheets, if nece. | Add Remove |
| Dated | February 26, 200 | E | |
| | Hans Peter Haahr | or authorized representative of a member or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00