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C. LEWIS

JUL 1 6 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co		· .			
SUBJECT:	Mon	ts Law, P.L.			
		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Christopher Monts			
		Name of Person			
		Monts Law, P.L.			
	<del></del> -				
		P.O. Box 950549			
		Address	<del></del>		
	La	ke Mary, Florida 32746			
		City/State and Zip Code			
	n	montslaw@gmail.com ddress: (to be used for future annual report notification)			
			nonneation)		
For further information	concerning this matter, please of	call:			
Chr	istopher Monts	at (_407_)	782-2172		
Name	of Person	Area Code & D	aytime 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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	LING ADDRESS:	STREET/CO	DURIER 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

FILED

2010 JUL 15 AM 11: \$1

SECRETARY OF STATE FALLAHASSEE, FLORIDA

	Monts La	w, P.L.	•• •	SSEE, FLORIDA
( <u>Name of the Limited Liab</u> (A Flori	ility Compan da Limited L	y as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number		were filed on	05/26/2007	and assigned
This amendment is submitted to amend the following	<b>;</b> :			
A. If amending name, enter the new name of the l	limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ed Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		2605 W. Lake	e Mary Blvd.	
(Principal office address MUST BE A STREET AD	DRESS)	Suite 115		
		Lake Mary, F	lorida 32746	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>			
B. If amending the registered agent and/or re	gistered off	ice address on o	our records, enter t	he name of the new
registered agent and/or the new registered office a			,	
Name of New Registered Agent:				
New Registered Office Address: 26	05 W. Lak	e Mary Blvd., S	Suite 115	
		En	ter Florida street addi	ess
	L	ake Mary	, Florida	32746
		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.

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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u>.</u>			Add Remove
			Add Remove
			Add Remove
		۸ 	AddRemove
			=,
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets,	if necessary.)
			20
	July 12	2040	ZOID JUL 15
Dated	July 12	Lustoch Monts	TARY OF STATE ORID
	Signature	of a member or authorized representative of a member Christopher Monts  Typed or printed name of signee	er Sin sin

Page 2 of 2

Filing Fee: \$25.00