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SECRETARY OF STATE
SIVISION OF CORPORATIONS

B. KOHR MAR - 9 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	JOSEPH H	ANLON, CPA, LLC			
JODJECT.		ited Liability Company		92.00	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		· · · · ·	
Please return all corres	spondence concerning this matter	to the following:			
		Joseph Hanlon, CPA		SECRETOR OF STORY	
		Name of Person		_	
JOSEPH HANLON, CPA, LLC Firm/Company					
850 NW Federal Highway # 233					
		Address			
Stuart, FL 34994					
		City/State and Zip Code			
	jl E-mail address: (i	hanlon@jphcpa.com to be used for future annual repo	ort notification)		
For further information	a concerning this matter, please c	call:			
JO	SEPH HANLON	at (_772_)	403-8158		
Namo	e of Person	Area Code &	Daytime Telephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is er		
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPH HANLON, CPA, LLC



(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 08/03/2007 and assigned L07000079935 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hanlon & Associates, CPAs, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 850 NW Federal Highway #233 Enter new principal offices address, if applicable: Stuart, FL 34994 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
		·	Add Remove	
			Add Remove	
D. If amen	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_	
			_	
Dated	March 2 . 201	<u>1</u> .		
	Signature of a member of	or authorized representative of a member		
	Joseph Han	Ilon, Managing Member	<u></u>	

Page 2 of 2

Filing Fee: \$25.00