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Office Use Only



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M. THOMAS EXAMINED

COVER LETTER

TO: Registration S Division of Co		
SUBJECT: Daniel	& DiPace P.L.	
		ited Liability Company)
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
•	Peter DiPace Jr.	
•	Peter Dirace Jr.	(Name of Person)
	Daniel & DiPace P.L.	. 0
	Daniel & Dirace F.L.	(Address) (Address) (City/State and Zip Code)
	CCCC Missell stees Debug	
	6625 Miami Lakes Drive	(Address)
	M: :	
	Miami Lakes, Florida 330	(City/State and Zip Code)
		**
For further information	concerning this matter, please c	all:
Peter DiPace Jr.		at (_305_) 777 3849
(Name	of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for		
☑ \$25.00 Filing Fee .	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & □\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

Daniel & DiPace P.L.				
(Name of the Limited (A	Liability Compai Florida Limited L	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on 10/10	0/2007	and assigned
Florida document number L07000103401	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	8
Florida Legal Group P.L.				整
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compan	y," the designation "LLC	" or the Hobreviation
Enter new principal offices address, if application	able:	6625 Miami Lake	es Drive	mg.
(Principal office address MUST BE A STREE	T ADDRESS)	Miami Lakes, Flo	orida 33014	<u> </u>
				<u> </u>
Enter new mailing address, if applicable:		6625 Miami Lakes Drive		
(Mailing address MAY BE A POST OFFICE BOX)		Miami Lakes, Florida 33014		
B. If amending the registered agent and/or the new registered of			ur records, enter the	name of the new
·	Peter DiPace			
Name of New Registered Agent:	- Peter Dirace	Jr. ,		<u> </u>
New Registered Office Address:	6625 Miami L			
		(Em	ter Florida street addres	is)
	Miami Lakes		, Florida <u>33014</u>	
		(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 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

Title Name Address Type of Action

Add Remove

Add Remove

Add Remove

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
8/6/08

Peter O. Pace JR.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00