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S. HAWKES

JUN 2 9 2010

EXAMINER

NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK*

Florida Offices 209 7th STREET PORT ST. JOE, FLORIDA 32456

June 24, 2010

TEL. (850) 229-4700 TELEFAX (850) 229-1148 www.NovakLaw.us

JOSEPH S. NOVAK** JUDITH A. NOVAK• DOUGLAS L. NOVAK*

* Member FL & NJ Bar **Member of NJ Bar & Of Counsel (FL)

Member of PA & NJ Bar
 Member of SC Bar & Of Counsel (FL)

VIA FIRST CLASS MAIL

Department of State Amendment Section-Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: Articles of Amendment to Articles of Organization

Novak Law Offices PLLC

Dear Amendment Section:

Enclosed please find the Articles of Amendment to the Articles of Organization for the above referenced entity to be amended as, Novak Law Group, PLLC.

Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Offices, PLLC c/o Jeremy T.M. Novak, Esq. 209 7th Street, Port St. Joe, Florida 32456 (850) 229-4700

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,

Novak Law Offices, PLLC

Encl.

COVER LETTER

TO:

Registration Section

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Co	orporations				
SUBJECT:	Novak L	aw Offices PLLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
	Je	eremy T.M. Novak, Esq.			
		Name of Person			
	Novak Law Offices PLLC				
		Firm/Company			
	209 7th Street				
		Address			
	Po	rt St. Joe, Florida 32456			
		City/State and Zip Code	 		
	E-mail address: (tnovak@novaklaw.us (to be used for future annual report	notification)		
For further information	concerning this matter, please	call:			
Jeremy	T.M. Novak, Esq.	at (850)	229-4700		
Name	of Person		lytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fec & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)		
MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS:		

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No No	vak Law Offices PLLC		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appear lorida Limited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	10/20/2007 and assigned	
Florida document number L070001097.	21 .	The second secon	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
This amendment is submitted to amend the follow	ring:	A Company of the Comp	
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :	
No	ovak Law Group, PLLC		
The new name must be distinguishable and end with t	he words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
"L.L.C."	•		
Enter new principal offices address, if applicab	اما		
	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or		our records, enter the name of the new	
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			
		<del></del>	
New Registered Office Address:			
	Enter Florida street address  , Florida		
	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:

	lanaging Member		T
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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). II amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessar	ry.)
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	1./2/10		
Dated	4/03/10		
		Dorof	
	Signature of a	member or authorized representative of a member	
		Jeremy T.M. Novak, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00