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COVER LETTER

	istration Se sion of Cor				
	The Law Cl	inic, LLC		•	
SUBJECT:		Name of Limi	ited Liability Company		
		•			•
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:	,	
,					
		John E. Carter			
			Name of Person		_
			Firm/Company	•	
		102 NE 2nd Street, Suite 1	; 79	•	,
		,	Address		_ ,
		Boca Raton, FL 33432			
			City/State and Zip Code	·	
		carterbozeman@gmail.com	·		
		E-mail address: (t	to be used for future annual report not	ification)	
For further in	formation co	oncerning this matter, please ca	dl:		
John E. Carte	er		561 703-2226		
	Name of	f Person	Area Code Daytin	ne Telephone Numb	er
Enclosed is a	check for th	e following amount:			
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law Clinic, ed 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 February 21, 2008 and assigned Florida document number L08000018866 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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: John E. Carter Name of New Registered Agent: 102 NE 2nd Street, Suite 179 New Registered Office Address: Enter Florida street address **Boca Raton** 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 605, 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

Page 1 of 3

In Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Frank Luceri	102 NE 2nd Street, Suite 179, Boca	. □ Add
			■ Remove
		Manufacture	Change
MGR	John E. Carter		B Add
			☐ Remove
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:: If the date inserted	l in this block does r	not meet the	e applicable statu	itory filing r	equirements,	this date will no	t be liste
	on the Department	of State's r	ecords.				
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