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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON MAR 1 6 2010

EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:M	Marco to Dowd	d, PLLC		
	Name of Limi	ted Liability Company	<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Terrence Name of Person		
		Name of Person		
	Т	he Dowdel Law Firm	***	
		Firm/Company		
PO Box 781847				
		Address		
Orlando, FL 32878				
City/State and Zip Code				
	E-mail address: (	dowdel@hotmail.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	-	,	
Tot rather mornation	concerning and marrer, prease o			
	rrence Dowdel	# (	31-9497	
Name	of Person	Area Code & Daytime T	elephone 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

(Name of the Limited (A	ucario & Do Liability Compa Florida Limited I	owdel, PLLC ny as it now appears on o liability Company)	our records.)			
The Articles of Organization for this Limited Li Florida document number L08000030	Liability Company were filed on 3/25/2008 and assigned 30161.					
This amendment is submitted to amend the following	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
Th	e Dowdel Lav	w Firm, PLLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," tl	he designation "L	LC" or the abb	reviation	
Enter new principal offices address, if applicable:		102 Drennen Road				
(Principal office address MUST BE A STREE	T ADDRESS)	Suite B-4		<u> </u>	IS	
		Orlando, FL 3280	6	MA	SICK CR	
Enter new mailing address, if applicable:		PO Box 781847		R - 5	03-49-1 XXX 113	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 3287	8	3	300	
				<u>မှာ</u>	RATIO	
B. If amending the registered agent and/or registered agent and/or the new registered of			ecords, <u>enter tl</u>	ne name of	KE new	
Name of New Registered Agent:	Terrence De	owdel				
New Registered Office Address:	102 Drennen Road Suite B-4					
	Enter Florida street address					
		Orlando	, Florida	32806		
		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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Melanie Mucario	1732 N. Shore Terrace Orlando, Fl. 32804	Add 7 Remove
	·		Add Remove
			Add Remove
D. If amer	nding any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)	1
<u>_</u>	N/A		SECRETA DIVISION OF 10 MAR I
-			S PH 3:
Dated	March 10	, 2010	TE TONS
	Signature of	of a member or authorized representative of a member	
		Terrence L. Dowdel Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00

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