

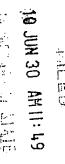
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S. HAWKES

JUL 1 2010

EXAMINER

COVER LETTER

Division of Corporations Johanna Williams Commercial Real Estate Services LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Johanna W Money Name of Person The Williams Group Firm/Company 222 East Pershing Street Address Tallahassee, FL 32301 City/State and Zip Code johanna@williamsgroupcre.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Johanna W Money Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Johanna Williams Commercial Real Estate Services LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Fi	orida Limited Liability Company)	a.
		luna 06, 0000	and assigned
The Articles of Organization for this Limited Liab		June 26, 2008	and assigned
Florida document number L080000626	<u>46 </u>		
			Sept.
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company he	ere:	
Johanna W Money	Commercial Real Estate	Services LLC	
The new name must be distinguishable and end with t "L.L.C."			LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)X)		
			*
B. If amending the registered agent and/or		our records, enter th	ie name of the nev
registered agent and/or the new registered offic	<u>e address here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a			
the provisions of all statutes relative to the prop accept the obligations of my position as registe			
being filed to merely reflect a change in the reg	istered office address. I herel	by confirm that the lim	ited liability
company has been notified in writing of this chi	ange.		

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

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Page 2 of 2

Filing Fee: \$25.00