L08000082454

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SECRETARY OF STATE

N. SEP - 8 2008

COVER LETTER

	istration Sect ision of Corpo						
SUBJECT: Wright Johnson, LLC. (Name of Limited Liability Company)							
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspond	lence concerning this matter	to the following:				
		Kevin Wright					
			(Name of Person)				
		Wright Johnson					
			(Firm/Company)	·			
631 us highway one, suite 412							
			(Address)				
		north palm beach, FL 334	408				
			(City/State and Zip Code)				
For further in	oformation con	cerning this matter, please ca	ail:				
Kevin Wrigh	nt		at (561) 891-0849				
	(Name of	Person)	(Area Code & Daytime To	elephone Number)			
Enclosed is a	check for the	following amount:					
□ \$25.00 Fi	ling Fee	□\$30.00 Filing Fec & 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

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Wright Johnson, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabilit	ty Company were filed on 8/28/20	08 and assigned	
Florida document number 1.08000082454	·•		
This amendment is submitted to amend the following	g:		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company,"	' the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the nev	
Name of New Registered Agent:			
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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Michael Johnson	631 us highway one, suite 412 north palm beach, FL 33408	
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
<u></u>			Add Remove
			AddRemove
			Add Remove
D. If amendin	g any other information, enter change	e(s) here: (Attach additional sheets, if necess	
			SECRETARY ALLAHASSE
Dated August 2	9 , 2008		ANIO: 48 OF STATE EE FLORIDA
_	_	or authorized representative of a member	D
	Kevin Wright Typed	or printed name of signee	

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Filing Fee: \$25.00