Division of Corporations Public Access System

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SEP - 4 2008

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EXAMINER

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.A. Account Name

Account Number : 120000000104 Phone

: (941)366-3700

Fax Number

: (941)366-C189

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### BHMC LAW GROUP, P.L.

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BHMC LAW GROUP, P.L.
(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 Liability Company were filed on September 2, 2008 and assigned
Florida document number <u>L08000083164</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited lightlity company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Tracipa white maness most printinger Abbressy
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:
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)
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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:

	= Manager I = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Ac	etion
			Add Remove	
			Add Remove	
·			Add Remove	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
D. If a	mending any other information, enter change(s  ARTICLE III - The purpose shall be to render p  attorneys at law, duly licensed or legally author everything necessary, proper, advisable or cor	professional services to the public which		
Dated _	Donald J. Harrell Typed or	authorized representative of a member printed name of signee  Page 2 of 2	OR SEP -3 AM 8: SECNE ANY OF SI TALLAHASSEE FLOO	
	Fili	ng Fee: \$25.00	Service Servic	