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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co	Section rporations				
SUBJI						
5012			ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
			LORENA COLOMBO			
			Name of Person			
COI			OMBO LAW FIRM, PLO			
			Firm/Company			
		888 B	SCAYNE BLVD, STE 7	05		
			Address			
			MIAMI, FL 33132			
			City/State and Zip Code	 		
LCOLOMBO@COLOMBOLAW.NET E-mail address: (to be used for future annual report notification)						
For fur	ther information	concerning this matter, please	•	our control (
		ENA COLOMBO	at (305)	962-9519		
	Name	of Person	Area Code & Da	ytime Telephone Number		
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) Sed) Set Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		Registration Se				
Division of Corporations P.O. Box 6327			Division of Co Clifton Buildin			

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

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

COLOMB	<u>O LAW GROUP, F</u>	<u>PLC</u>			
(Name of the Limited Liabilit (A Florida	Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	10.28.2008	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company he	ere:			
COLOM	BO LAW FIRM, PLC	•			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation '	'LLC" or the abbreviation		
Enter new principal offices address, if applicable:	888 BISCA	888 BISCAYNE BLVD, STE 705			
(Principal office address MUST BE A STREET ADD	RESS) MIAMI, FL 3	33132	¥ C3		
	USA		- F. E. S F. S F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			OV -4 PH 2 HASSEE. FL		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	25 29 EFF 29		
Name of New Registered Agent: LOR	RENA COLOMBO				
New Registered Office Address: 888	BISCAYNE BLVD, ST				
	Enter Florida street address				
	MIAMI	, Florida	33132		
	City		Zip Code		
New Registered Agent's Signature, if changing Registere	ed 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

Page 1 of 2

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	
	<u></u>			Add Remove	
	<u> </u>			Add Remove	
<u></u>				Add Remove	
				Add Remove	
	<u></u>			Add Remove	
<u></u>				Add Remove	
D. If a	mending any other i	information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	
				 .	
					
Dated _	Oct. 28	Jorena			
		LOREN	or authorized representative of a member IA COLOMBO, ESQ. or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00