# 108000112828

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

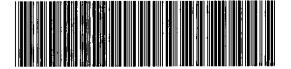
Special Instructions to Filing Officer:

L. SELLERS

JUN 17 2011

**EXAMINER** 

Office Use Only



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SEGRETARY OF STATE TABLAHASSEE, FLORIDA

1 JUN 16 PH 4: 36

# **COVER LETTER**

Division of Corporations					
SUBJECT: Mayertch Law Group 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:					
MORY HUDSON Name of Person					
OWNEW) Firm/Company					
8842 SE Sondoustie CTVCle					
Hobe Sound FL 33455					
Macamachelehodsocom  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Manu Hudson at 770349-6353  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \tag{S55.00 Filing Fee & \tag{S60.00 Filing Fee,}}\$\$  Certificate of Status Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  (additional copy is enclosed)					

### **MAILING ADDRESS:**

TO:

**Registration Section** 

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 Liability Company s (A Florida Limited Liab	as it now appears on our records.)
(A Florida Limited Liab	ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on 12/09/08 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and end with the words "Limited"	haw, LhC.
"L.L.C."	Elability Company, the designation DEC of the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	TAS 11
New Registered Office Address:	AR & T
	Enter Florida street address  Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ORIDA

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>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
<del></del>			Add Remove	
			Add Remove	
<del></del>			Add Remove	
			Add Remove	
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,	) 	
	5uno) 12 . 26	7,		
Dated		r or authorized representative of a member		
		MORU HOOSON  Tor printed name of signee		

Page 2 of 2

Filing Fee: \$25.00