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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: TURNEY, Sommer & Costa P.L. 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: |
| Scott A. Turnar Name of Person |
| Turner & Costa, P.L. |
| 7370 Cabot Cowt, #101 |
| Vieva, FL 32940 City/State and Zip Code |
| Vieva, FL 32940 City/State and Zip Code Mcarroll @ tmslawfirm. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Heidi Cayvoll at (321) 255-5501 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$25.00 Filing Fee & \text{Certified Copy} & \text{(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 SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATION:

FILED

| | OF | 10 NOV -3 AM 10: 39 |
|--|--|--|
| (Name of the Limited L | om m ev d Costa ability Company as it now appears orida Limited Liability Company) | P. L. |
| The Articles of Organization for this Limited Liab Florida document number <u>L090000</u> | • | ugust 10, 2010 and assigned |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, <u>enter the new name of th</u> | ne limited liability company here | : : |
| The new name must be distinguishable and end with to "L.L.C." | | ny," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET) | 4DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO |)X) | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | ur records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | n | Pl. 41 - 4 - 4 II. |
| | Ent | er Florida street address |
| | City | , Florida Zip Code |
| N D 14 14 19 01 4 16 1 5 | | - x |

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 **Type of Action Address Title** <u>Name</u> ERIC H. Sommer, P.L. Orlando, FL 32804 MGRM Remove _ Add Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 2010. Signature of a member or authorized representative of a member

Page 2 of 2

Lori M. Costa

Typed or printed name of signee

Filing Fee: \$25.00