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**EXAMINER** 



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## **COVER LETTER**

<u> </u>	& McCarville, P.L.				
<u> </u>	·				
mendment and fee(s) are sub	omitted for filing.				
dence concerning this matter	to the following:				
Nich					
	Name of Person				
Cue	enant & McCarville, P.L.				
	Firm/Company				
2550 N	Federal Highway, Suite 10				
	Address				
For	t Lauderdale. FL 33305				
<del></del>	City/State and Zip Code	<del> </del>			
nicholas@cmclegal.net  E-mail address: (to be used for future annual report notification)					
<del> </del>	at ( p)	66-4271			
Cison	Area Code & Dayinio	retephone Number			
following amount:					
\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Nich  Cue  2550 N  For  in E-mail address: ( incerning this matter, please of s. A. McCarville  Person  following amount:  \$\( \) \$30.00 Filing Fee &	2550 N Federal Highway, Suite 10  Address  Fort Lauderdale, FL 33305  City/State and Zip Code  nicholas@cmclegal.net  E-mail address: (to be used for future annual report notifical neerning this matter, please call:  S A. McCarville  Person  Area Code & Daytime Total Control of Status  following amount:  \$\int_{30.00}^{\\$55.00}\$ Filing Fee & Certificate of Status  Certified Copy			

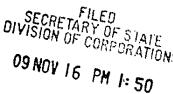
### MAILING ADDRESS:

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



(Name of the Limited	uenant & Mo	Carville, P.L.	our records.)			
. (/	A Florida Limited I	ny as it now appears or liability Company)				
The Articles of Organization for this Limited L Florida document number	• • •	were filed on	03/15/2009	and assigned		
This amendment is submitted to amend the foll  A. If amending name, enter the new name o	J	ility company here:				
	·	<u> </u>				
The new name must be distinguishable and end wi 'L.L.C."	th the words "Lim	ted Liability Company,	' the designation "l	LC" or the abbreviation		
Enter new principal offices address, if applicable:		2550 N. Federal Highway, Suite 10				
(Principal office address MUST BE A STREI	Fort Lauderdale, FL 33305					
Enter new mailing address, if applicable:	2550 N. Federal Highway, Suite 10					
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, FL 33305				
B. If amending the registered agent and/ registered agent and/or the new registered o	_		records, enter t	he name of the new		
Name of New Registered Agent:	Nicholas A.	Nicholas A. McCarville, Esq.				
New Registered Office Address:	New Registered Office Address: 2550 N. Federal Highway, Suite 10					
		Enter .	Florida street add	ress		
	For	t Lauderdale	, Florida	33305		
		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 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 Title **Type of Action** Name | **Address** MGR Nicholas A. McCarville, Esq. 2550 N Federal Highway, Suite 10 Fort Lauderdale, FL 33305 Remove Remove ☐ Remove Remove □Add \_ Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 12 2009 . Signature of a member or authorized representative of a member Nicholas A. McCarville, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00