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SECRETARY OF STATE
BIVISION OF CORPORATIONS

T. HAMPTON DEC 1 4.2010

EXAMINER

COVER LETTER

Division of C	orporations				
SUBJECT:	Rennick, Young, (Cohen & Associates, LL0			
		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
		Edward Rennick			
		Name of Person			
	Rennick, Yo	oung, Cohen & Associates, L	LC		
		Firm/Company			
	7960 B	aymeadows Way, Suite 102			
	-a	Address	···		
	Jacksonville, FL 32256				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notifica	tion)		
For further information	concerning this matter, please c	all:			
Edward Rennick		at (904) 4	15-7914		
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

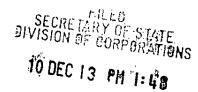
TO:

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



Rennick,	Young, Cohen & Associa	tes, LLC	
(<u>Name of the Limite</u> (d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	05/18/2009	and assigned
Florida document number L0900004			
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on office address here:	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Edward Rennick		
New Registered Office Address:	7960 Baymeadows Way, S	Suite 102	
<u>-</u>	En	ter Florida street addi	ress
	Jacksonville	, Florida	32256
	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

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

MGŘN	1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	JV.
	Change the Address of MGRM - Edw	vard Rennick to reflect the same Principal	a <mark>ge</mark> 1918/10 1938
	Business Address and RA Mailing Ad	ddress of:	SECRETARY ISION OF OI
	7960 Baymeadows Way, Suite 102,		
	Jacksonville, FL 32256.		PK CR
Dated _	December 9, 20		- Z
		or authorized representative of a member dward Rennick	
		or printed name of signee	

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Filing Fee: \$25.00