

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAW CLINIC OF MIAMI 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:

VERONICA PANOV
Name of Person
LAW CLINIC OF MIAMI LLC.
Firm/Company
410 N FEDERAL HWY SUITE D
Address
HALLANDALE BEACH FL 33009
City/State and Zip Code
PANOVLAW@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONICA PANOV at (954) 309-6377
Name of Person Area Code & Daytime Telephone 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:
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

FILED

2009 SEP -3 PM 2: 13

Law Clinic of Miami LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JULY 08, 2009 and assigned Florida document number L09000066203.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

not applicable

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

410 N FEDERAL HWY SUITE D

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH FL 33009

Enter new mailing address, if applicable:

410 N FEDERAL HWY SUITE D

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH FL 33009

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

not applicable

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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
MGRM = Managing Member

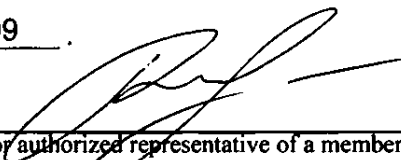
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>not applicable</u>			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

not applicable

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated SEPTEMBER 02, 2009



Signature of a member or authorized representative of a member

VERONICA PANOV

Typed or printed name of signee