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TALLAHASSEE, FLORIDA

JUL 23 2015
J SHIVERS

miller ewertz law
ATTORNEYS AT LAW

Joy P. Ewertz*
Barry B. Johnson
J. Gary Miller

*Florida Supreme Court
Certified Circuit Civil Mediator

July 21, 2015

VIA FEDERAL EXPRESS
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Registration Section

RE: Miller, Ewertz, Johnson & Stiles, P.L.
Name Change to Miller Ewertz & Johnson, P.L.

To Whom It May Concern:

In regards to the above referenced matter, enclosed please find the original Articles of Amendment to Articles of Organization along with our firm's check in the amount of $30.00 representing the filing fees for same. Please ensure that the entity name is changed accordingly and provide our firm with a certificate of status as soon as possible.

Please let me know should you have any questions or require any further information. Thank you very much for your assistance in this matter.

Thank you,

Renee D Backhaus

Renee D. Backhaus
Florida Registered Paralegal

/rdb
Enclosure

T 407 478 7950
F 407 478.7989
E info@millieretzlerlaw.com
www.millieretzlerlaw.com

429 S. Keller Road, Suite 310
Orlando, Florida 32810

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller, Ewertz, Johnson & Stiles, 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:

J. Gary Miller, Esq.
Name of Person

Miller Ewertz & Johnson, P.L.
Firm/Company

429 S. Keller Road, Suite 310
Address

Orlando, FL 32810
City/State and Zip Code

gary@mejslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Gary Miller, Esq. at (407) 478-7950
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

Miller, Ewertz, Johnson & Stiles, P.L.

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

The Articles of Organization for this Limited Liability Company were filed on July 13, 2009 and assigned Florida document number L09000067301.

This amendment is submitted to amend the following:

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

Miller Ewertz & Johnson, P.L.

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

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, **Florida**

City *Zip Code*

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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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 21, 2015.

Signature of a member or authorized representative of a member

J. Gary Miller

Typed or printed name of signee

Filing Fee: $25.00