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C. LEWIS

AUG 1 3 2009

EXAMINER

, COVER LETTER

TO: Registration S Division of Co		ч		
SUBJECT:	Whitman I	_aw Group, PLLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Margaret Broenniman		
Name of Person				
	Whitman Law Group, PLLC			
	Firm/Company .			
	1415 NE 16th Terrace			
•		Address		
	For	t Lauderdale, FL 33304		
		City/State and Zip Code		
	Ma F-mail address: (rgaret@whitmanlg.com to be used for future annual report notifi	cotion	
For further information	concerning this matter, please of	•		
Marg	aret Broenniman	at (954)	773-3183	
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
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SECRETARY OF STATE

Whitma	an Law Group, PLLC	TALLATI	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
(·	•	
The Articles of Organization for this Limited Liability	Company were filed on	07/23/2009	and assigned
Florida document number L09000071028	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
Whitr	nan Law Group, PL		
The new name must be distinguishable and end with the w	vords "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
•		•	
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		
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 = Ma MGRM = N	nager Ianaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add Remove
		•	Add Remove
			Add
D. If amend		e(s) here: (Attach additional sheets, if necessary	
Dated 7	Mynst J. 200	9	FILED 2009 AUG 12 PM SECRETARY OF S
	Mar	r or authorized representative of a member rgaret Broenniman I or printed name of signee	STATE ORIDA

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Filing Fee: \$25.00