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T. CLINE ALL ANINER SECRETARY OF STATE ALL ANINER EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Michelle L. Andrews, 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:							
Michelle L. Andrews Name of Person							
Michelle L. Andrews, CPA, LLC Firm/Company							
1156 Mallard Marsh DR							
Osprey, FL 34229 City/State and Zip Code Michelle and Arews taxcpa. com E-mail address: (to be used for future annual report notification)							
Michelle andrews taxcoa. com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call: MIChelle L. Andrews at (941) 266-9864							
Michelle L. Andrews at 941, 266-9864 Sm & Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

Mi Chelle L. (Name of the Limited Liabi	Andrew	- , , ,	our records)	···	
(A Florid	la Limited Liability C	Company)	our recorus.		
The Articles of Organization for this Limited Liability Florida document number <u>L0900090</u>	y Company were file	ed on 9	18/09	and assig	gned
This amendment is submitted to amend the following	:				
A. If amending name, <u>enter the new name of the l</u>	imited liability com	pany here:			
Michelle 1 Andr	FWS CP	A LL	^		
The new name must be distinguishable and end with the	words "Limited Liabil	lity Company,"	the designation		breviation
"L.L.C."				2010 SEC	
Enter new principal offices address, if applicable:	 			\(\frac{1}{2}\) ₹	See Market
(<u>Principal office address MUST BE A STREET AD</u>	DRESS)			PR -9 HASS	- France
				<u> </u>	P-71
				OF ST	E CONTROL OF THE PERSON OF THE
Enter new mailing address, if applicable:				- 1	
(Mailing address MAY BE A POST OFFICE BOX)				D	
D. If amanding the resistance agent and/on need				4k£	' 4h a
B. If amending the registered agent and/or represented agent and/or the new registered office a		ress on our r	ecorus, <u>ente</u>	r the name of	ine new
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street address				
			. Florida		
_	City		, FIOTIUA	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 = Ms $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
			Add Ass Remove
			HASSIN ARR
			Remove FLORI
			Ad 6 0 Remove
D. If amen	ding any other informat	ion, enter change(s) here: (Attach additional sheet.	s, if necessary.)
Dated _A	pril 7	<u>2010</u> .	
	•	le A. Andrews e L. Andrews	nber
	Michell	e L. Andrews Typed or printed name of signee	

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Filing Fee: \$25.00