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COVER LETTER

TO:

Registration Section
Division of Corporations

KILPATRICK & WHITE

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 WHITE

Name of Person

KILPATRICK & WHITE

Firm/Company

255 ALHAMBRA CIRCLE, #414

Address

CORAL GABLES, FL 33134

City/State and Zip Code

michelle.white10@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle White

at (100) 7 32-

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

Kilpatrick & White, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recorability Company)	rds.)
The Articles of Organization for this Limited Liability Company via Florida document number <u>LO9000011025</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The Law Offices of Michelle A. White, LLC		20F
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same	1: 27 SPATE SPATE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
		rida
	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>	Address	Type of Action
MARM	Karen Kilpatrick	2450 Hollywood Blvd.	Add
		2450 Hollywood Blvd. Hollywood FL. 3302	Remove
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D. Ìf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Dated _	March 26, 2013.		
	nhite		
	Signature of a member or authorized representative of a member Michelle A. White —	_	
	Typed or printed name of signee Page 3 of 3		
	Filing Fee: \$25.00	2013 APR -1 PM 1: 27	formation of the state of the s