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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Solution of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 1 2 2010

EXAMINER

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BORGOGNONI LAW, PL 2665 SOUTH BAYSHORE DRIVE GRAND BAY OFFICE PLAZA, SUITE 701 MIAMI, FLORIDA 33133

Telephone No.: (305)860-2060 Facsimile No.: (305) 860-2068 e-mail: gborgognoni@bgalaw.com

GREGORY P. BORGOGNONI

October 8th, 2010

VIA FEDERAL EXPRESS OVERNIGHT DELIVERY

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Attn.: Registration Section

Re: Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find (i) Articles of Amendment to Articles of Organization (which we are submitting to change our entity's name from Borgognoni & Espino, PL to Borgognoni Law, PL) and (ii) our check in the amount of thirty dollars (\$30.00) to cover your fees. I have also enclosed a self-addressed prepaid FedEx envelope to facilitate your delivery of the certificate of status for the amendment.

Should you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

gregory P. Borgognon

COVER LETTER

TO:

-Registration Section

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Name of Limi	GNONI LAW, PL ted Liability Company		-	
SUBJECT:	Name of Limi			-	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:		20101 SEE	
	G	regory P. Borgognoni Name of Person		2010 OCT 11 AM 19:1	
	BC	PRGOGNONI LAW, PL		Y OF SI	
		Pirm/Company		TATE ORIDA	
		P. O. Box 331923		_	
		Address			
		Miami, FL 33233		_	
	a b a s	City/State and Zip Code			
	E-mail address: (1	gognoni@boeslaw.com o be used for future annual report no	otification)	-	
For further information co	ncerning this matter, please c	all:			
Gregory P. Borgog	gnoni/Carmen R. Gern Person		671-3323 time Telephone Numb	eer	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certifie	filing Fee, cate of Status ed Copy onal copy is en	
Registra	NG ADDRESS: tion Section of Corporations	STREET/COU Registration Sec Division of Cor Clifton Building	porations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOF	<u>RGOGNONI</u>	<u>& ESPINO, F</u>	ᆫ	
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	<u>y as it now appear</u> ability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited L	iability Company	were filed on	10/02/2009	and assigned
Florida document numberL09000095	5368		รั้	22
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	owing:	lity company her	:: (LLAH)*>>>cc	ZINOCT II AM
1	BORGOGNON	I LAW, PL		
The new name must be distinguishable and end wit 'L.L.C."	th the words "Limit	ed Liability Compa	ny," the designation	PEC" on the abbreviati
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable:		P.O. BOX 33	1923	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida	a 33233	
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Gregory P. E	Borgognoni		
New Registered Office Address:	6950 SW 10	7th Street		
		En	ter Florida street ad	dress
		Miami	Florida	33156

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.

City

Zip Code

Fitle Name Address Type of Acti	MGR = M MGRM =	anager Managing Member		
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Page 2 of 2

Filing Fee: \$25.00