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EXAMINER



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BORGOGNONI LAW, PL ALHAMBRA TOWERS 121 ALHAMBRA PLAZA, SUITE 1500 CORAL GABLES, FLORIDA 33134

GREGORY P. BORGOGNONI
e-mail_ghargognon/achaeslaw.com

Telephone No.: (305) 671 - 3323 Facsimile No.: (305) 675 - 7663

April 4th, 2011

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 Law, PL to Borgognoni & Fast, 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.

recorv P R

. Borgognoni

COVER LETTER

TO:·	Registration Section Division of Corpora					
SUBJE	ECT:	BORGOGN	IONI & FAST, PL			
		Name of Limit	ed Liability Company			
The en	closed Articles of Ame	ndment and fee(s) are sub	mitted for filing.			
Please	return all corresponden	ce concerning this matter	to the following:			
		G	regory P. Borgognoni			
			Name of Person			
		Во				
	Borgognoni & Fast, PL Firm/Company 121 Alhambra Plaza, Suite 1500 Address					
		121 Al	hambra Plaza, Suite 1500			
			Address			
	_	Coral Gables, FL 33134				
		121 Alhambra Plaza, Suite 1500 Address				
		gborg E-mail address: (to	gognoni@boeslaw.com be used for future annual report notificat	tion)		
For fur	ther information conce	rning this matter, please ca	all:			
Gre	gory P. Borgogno	oni/Carmen R. Germ	nan at (305) 67 Area Code & Daytime T	71-3323 elephone Number		
Enclose	ed is a check for the fol	lowing 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:

TO:

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

	BORGOGNO	ONI LAW, PL				
(<u>Name of the Limite</u> (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited	Liability Company	were filed on	10/02/2009		and as	ssigned
Florida document number L0900009	95368					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited lial	oility company he	<u>re</u> :			
E	BORGOGNON	I & FAST, PL				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation	"LLC"	or the	abbreviatio
Enter new principal offices address, if appli	icable:	N/A		<u> </u>	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				¥E ₩E	APR	in share
				ARY VIRA	22	Universities.
				$\square \subseteq$	=	П
Enter new mailing address, if applicable:	N/A		<u> </u>	<u>ö</u>		
(Mailing address MAY BE A POST OFFICE BOX)				F STATE FLORIDA	<u>\$</u>	
B. If amending the registered agent and			our records, ente	r the n	ame	of the nev
registered agent and/or the new registered o	office address her	<u>'e</u> :				
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A		1 100 1			
		En	ter Florida street a	ddress		
		, Florida				
		City		Z_i	ip Coo	le

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Name** Address **Type of Action** _ Add __ Remove ☐ Add _____ Remove _____ Remove ☐ Add Remove ∏Add Remove \prod Add ___ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00