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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

EXAMINER
DEC 23 2010

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: HEWES LEGAL, PLLC	
	Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	turn all correspondence concerning this matter to the following:	
	TRISHA HEWES ESQ Name of Person	
	HEWES LEGAL PLIC Firm/Company	
	17 VIA DE CASAS SUR H 6	POI
	Address	
	BOYNTON BCH, FL 33426 City/State and Zip Code	<u>.</u>
	HEWESLAW & YAHOO. COM E-mail address: (to be used for future annual report notifica	tion)
For furt	er information concerning this matter, please call:	
-	RISHA HEWES at (561) 319-637 Name of Person Area Code & Daytime 7	PO Celephone Number
Enclose	is a check for the following amount:	
\$2 5.	0 Filing Fee \$\ \text{Certificate of Status} \] \$555.00 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

OF FILED 10 DEC 22 PM 2: 24 HEWES LEGAL (Name of the Limited Liability Company as it now appears on our records.) (ARY OF S. (A Florida Limited Liability Company) TALLABUSSEE, PLONIDA The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>L 09000116918</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: & ASSOCIATES, PLLC LAW OFFICES OF HEWES The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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

Title Name Address Type of Act Add Remove To the first and additional sheets, if necessary.) Signature of a number or affibrorized representative gba member TRISHA D. HEWES Typed or printed name of signee	MGKM = F	Managing Member		
Remove Add Add Remove Add Add Remove Add Add Remove Add A	<u> Fițle</u>	<u>Name</u>	Address	Type of Action
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Dated 19 , 2010 Signature of a member or authorized representative of a member TRISHA D. HEWES				
Dated 19 , 2010 Signature of a member or authorized representative of a member TRISHA D. HEWES				_
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 13 19 , 2012 Signature of a member or alithonized representative oba member TRISHA D. HEWES	<u></u>			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 13 19 , 2012 Signature of a member or alithonized representative oba member TRISHA D. HEWES				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 1819, 2012 Signature of a member or authorized representative of a member TRISHA D. HEWES				
Dated 19 , 2012 Signature of a member or alithorized representative of a member TRISHA D. HEWES				
Dated 19 , 2010 This and This are sentative of a member TRISHA D. HEWES				
Dated 19 , 2010 Signature of a member or alithorized representative of a member TRISHA D. HEWES	D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	
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		-	TRISHA D. HEWES	

Page 2 of 2

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