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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2016

MICHAEL L. MICHETTI, JR. 9045 STRADA STELL COURT, SUITE 400 NAPLES, FL 34109

SUBJECT: WOODS, WEIDENMILLER, MICHETT! & RUDNICK, P.L.

Ref. Number: L10000021071

We have received your document for WOODS, WEIDENMILLER, MICHETTI & RUDNICK, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 716A00003102

COVER LETTER

Divisi	ion of Corp	orations		
SUBJECT: _	woods, v	VOODS, WEIDENMILLER,	MICHETTI & RUDNICK, PLLC	
SUBJECT		Name of Limi	ted Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return a	Il correspon	dence concerning this matter	to the following:	
		Michael L Michetti		
			Name of Person	
		WOODS, WEIDENMILL	ER, MICHETTI, RUDNICK & GA	ALBRAITH, PLLC
Firm/Company				
		9045 Strada Stell Court, Fo	ourth Floor	
	Address			
		Naples, Florida 34109		
			City/State and Zip Code	
	mmichetti@lawfirmnaples.com			
		E-mail address: (1	o be used for future annual report noti	lication)
For further info	ormation cor	ncerning this matter, please ca	ll:	
Michael Mich	etti		239 325-4070 at ()	
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a c	check for the	following amount:		
■ \$25.00 Fil	ing 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

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

WOODS, WEIDENMILLER, MICHETTI & RUDNICK, P.L.

company has been notified in writing of this change.

WOODS, WEIDERMINEEER, MICHELLIA CO.		
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	npany as it now appears on our records. ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on Feb 24, 2010	and assigned
Florida document number L10000021071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
WOODS, WEIDENMILLER, MICHETTI, RUDNICK & GALB	RAITH, PLLC	
The new name must be distinguishable and contain the words "Limited L	iability 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		
		# WWW.
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 ne
registered agent and/or the new registered office address		
Name of New Registered Agent:		and some field of
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flor	ido
-	City	ida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a		han aayaa ta camply with th
rnereby accept the appointment as registered agent and compl provisions of all statutes relative to the proper and compl	ete performance of my duties, and	ler agree to compty with it I am familiar with and
accept the obligations of my position as registered agent	as provided for in Chapter 605, F.	S. Ozif this document is
being filed to merely reflect a change in the registered off		the A mited liability

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager 'AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brad A. Galbraith	9045 Strada Stell Court, Fourth Flo	= Add
		Naples, FL 34109	Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
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(If an effective Note: If the document's the record	date is listed, the date date inserted in the effective date on the specifies a del	the date of filing the must be specific are this block does not the Department of ayed effective	nd cannot be prior to meet the applicab State's records. date, but not	le statutory filing	re than 90 days aff requirements, tl	his date will not l	oe listed as th
) The 90ti	n day after the	e record is filed					
Dated	2/22) 16 W	_·			
-		Signature of	member or authori	zed representative o	f a member	2016	e marketan
		MI	al Miche	dti'		語。	Trans.
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			Page 3	3 of 3		으로 "	

Filing Fee: \$25.00