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SECRETARY OF STATE
ALLAHASSEF, FI ORIO,

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:	Hochman and Peppler LLC					
	Name of Limited Liability Company					
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.					
Please return all co	rrespondence concerning this matter to the following:					
	Thomas R. Peppler Name of Person					
	Name of Person					
	Hochman and Peppler LLC					
	Firm/Company					
3208 WSR 426, Suite 2000						
Address						
Outs. 51, 20705						
	Oviedo, FL 32765 City/State and Zip Code					
	tpeppler@hochmanpeppler.com E-mail address: (to be used for future annual report notification)					
For further informs	tion concerning this matter, please call:					
TOT TURBLE INTOFFING	tion concerning this matter, please can.					
	Thomas R. Peppler at (407) 681 2688 Area Code & Daytime Telephone Number					
N	ame of Person Area Code & Daytime Telephone Number					
Enclosed is a check	for the following amount:					
√ \$25.00 Filing Fo	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
r D	IAILING ADDRESS: egistration Section ivision of Corporations O: Box 6327-111 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building					
Т	O: Box 6327-44 Clifton Building allahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hochman and	Peppler LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	's on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL10000025192	were filed on	03/05/2010	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3208 WSR 42	26, Suite 2000	₽¢ →		
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32	2765			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			B 22 AMII: 56 ETARY OF STATE HASSEE, FLORIDA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on o <u>e</u> :	ur records, <u>enter</u>	the name of the nev		
Name of New Registered Agent:					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
		. Florida			
	City	, . 101144 _	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, <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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marilyn J. Hochman	3208 WSR 426, Suite 2000 Oviedo, FL 32765	Add Remove
<u></u>	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	_
			-
	F-1		_
Dated	February 18 2	er or authorized representative of a member	
	Т	homas R. Peppler	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00