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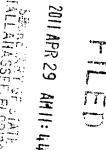
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
A. LUNT					
MAY -4 2010					
EXAMINER					

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COVER LETTER

	tration Scion of Co	ection rporations				
SUBJECT: _		Louis and \	Washington, PLLC			
_		Name of Lim	ted Liability Company		•	
		Amendment and fee(s) are sub	_			
			Skinner Louis			
		Name of Person				
		Louis	Louis and Washington, PLLC			
			Firm/Company			the sepa
		7635	7635 Ashley Park CT Ste 503-P			-
s			Address			į.
			Orlando, FL 32835 City/State and Zip Code		ANII: 44	The same
					TO F	
		Ski	Skinner.louis@gmail.com E-mail address: (to be used for future annual report notification)			
For further info	rmation c	oncerning this matter, please c	•	. notrication)		
	Sk	inner Louis	at (321)	293-4238		
Name of Person		Area Code & Da	aytime Telephone Numbe	er		
Enclosed is a ch	heck for th	ne following amount:				
\$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc.)	losed) Certifie	ate of Status &	ed)
MAILING ADDRESS: Registration Section		STREET/CO Registration S	OURIER ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Louis and	wasnington, PLLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L10000039716	Company were filed on	04/13/10 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The Lou	uis Law Firm, PLLC			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company	"," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)	ding 1		
		201		
		APR		
Enter new mailing address, if applicable:		SS: N		
(Mailing address MAY BE A POST OFFICE BOX)		77- 0		
		77		
		The state of the s		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	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
M <u>GR</u> M	Erik Wash	1035 Ashley 303 P. 051and 32835	Park C7 He Add
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			AddRemove
			20 Addi
			Add Remove
			AddRemove
D. If amo	ending any other information	, enter change(s) here: (Attach additional sho	eets, if necessary.)
-			
- Dated	April 22		
	Signatur	re of a member or authorized representative of a m	nember
	- Skinne	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00