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DEC 7 2011

COVER LETTER

TO:	egistration Section ivision of Corporations				
SUBJEC	Wilson, Albert & Donnelly, L.L.C.				
	Name of Limited Liability Company				
The encl	ed Articles of Amendment and fee(s) are submitted for filing.				
Please re	rn all correspondence concerning this matter to the following:				
	Michael T. Donnelly II	_			
•	Name of Person				
	Wilson, Albert & Donnelly, L.L.C.	_			
	Firm/Company				
	6032 Farcenda Place, Suite 101	_			
	Address	- 1 . ~2			
	Melbourne, Florida 32940	ZPIII DEC SECRUI			
	City/State and Zip Code				
	mdonnelly@wadlaw.net E-mail address: (to be used for future annual report notification)	-5			
For furth	information concerning this matter, please call:	1			
•	Michael T. Donnelly II at (321) 777-1110	OURIO STATE			
	Michael T. Donnelly II at (321) 777-1110 Name of Person Area Code & Daytime Telephone Number				
Enclosed	s a check for the following amount:				
\$25.0	(additional copy is enclosed) Certifie	ate of Status &			
	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**

Wilson Wilson	, Albert & D	Donnelly, L.L	C.			
(<u>Name of the Limited L</u> (A F	ability Compan lorida Limited L	y as it now appea lability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed onApril 15, 2010 and assign						
Florida document numberL100000408	. 80					
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	ne limited liabi	lity company hei	<u>re</u> :			
A	lbert & Donr	elly, LLC				
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Comp	any," the designation "L	LC" or the	abbrev	iation
Enter new principal offices address, if applicable:		6032 Farcen	da Place	<u> </u>	29	
(Principal office address MUST BE A STREET.	ADDRESS)	Suite 101			<u> </u>	- irega
		Melbourne, F	FL 32940	上二	.3	. apapaga artis
				SSE	က်	الم
Enter new mailing address, if applicable:		same as abo	ve	FO F		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				学学	တ်	``E ***********************************
				5,4	ý	
B. If amending the registered agent and/or registered agent and/or the new registered office	-		our records, <u>enter tl</u>	he name	of the	new
Name of New Registered Agent:	Michael T. Donnelly II					
New Registered Office Address:	New Registered Office Address: 6032 Farcenda Pl., Suite 101					
	Enter Florida street address					
	M	lelbourne	, Florida	3294	40	
		City		Zip Coo	le 💮	
New Registered Agent's Signature if changing Reg	rictered Ament:					

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

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	2011 DEC -5 AM 9: :5 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Dated	November 30 , 2011	<u>1</u> .	
	Micha	r authorized representative of a member alel T. Donnelly II	
	Typed or	printed name of signee	,

Page 2 of 2

Filing Fee: \$25.00