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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	Feher Law, PLLC			
30 D 3		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kristina Feher		
			Name of Person	
		Feher Law, PLLC		
	Firm/Company			
	695 Central Avc., Suite 253			
			Address	
		St Petersburg, FL 33701		
			City/State and Zip Code	A distribution of the second o
		kfeher@feherlaw.com		
		E-mail address: (to be used for future annual report notificat	SECRETA OCI
For fu	rther information c	oncerning this matter, please ca	all:	SS N
Kristii	na Feher		727 359-0367 at ()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		f Person	Area Code Daytime Te	elephone Number 5
		ne following amount:		·
■ \$2	25.00 Filing 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
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

Feher Law, PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/16/2010}{1}$ and assigned Florida document number L10000041250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 695 Central Ave., Suite 253 Enter new principal offices address, if applicable: St Petersburg, FL 33701 (Principal office address MUST BE A STREET ADDRESS) 695 Central Ave., Suite 253 Enter new mailing address, if applicable: St Petersburg, FL 33701 (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: Enter Florida street address

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 605, 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.

New Registered Agent's Signature, if changing Registered Agent:

Citv

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	,
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory file cument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	
Signature of a member or authorized representation Kristing Feher Typed or printed name of signee	
Signature of a member of authorized representation	ve of a member

Page 3 of 3

Filing Fee: \$25.00