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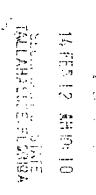
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section
Division of Corporations

mcT. McCrady, Hess & Ruth, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE HESS

Name of Person

McCrady Hess & Ruth, PLLC

Firm/Company

2600 Lake Lucien Drive, Suite 405

Address

Maitland, FL 32751

City/State and Zip Code

mhess@mhrcpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Hess

407 478-4020 <u>478-4020</u>

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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:

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

McCrady, Hess & Ruth, PLLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L1000069626</u>	npany were filed on 6/30/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
McCRADY HESS, PLLC		
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>(SS)</u>	
Enter new mailing address, if applicable:		7 N
(Mailing address MAY BE A POST OFFICE BOX)		34.
		11 -dfs
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		the name of the nev
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
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D.	f amending any other information, ente	er change(s) here: (Attach a	dditional sheets, if	necessary.)	
E.	Effective date, if other than the date of f The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	to date of receipt or filed date and c		optional) days after	
	Dated February 10	2014			
	Wild Signature	of a member or authorized represe	Mayon Marine Mar	asing M	unko,
	Mike Hess, Manag	ing Member			_
		Typed or printed name of sig	inee		

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Filing Fee: \$25.00