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J. HARRIS

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		ill Rocha PLLC		
Sebute :		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		James Baker		
		<u></u>	Name of Person	
		Petitt Worrell Rocha PLLC		
			Firm/Company	
		100 North Tampa Street, S	uite 3575	
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		jim@petittworrell.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	all:	
James Bake	r		813 603-6300 at ()	
_	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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**

Petitt Worrell Rocha PLLC	ted Liebility Comp	any as it now appagrs or	our records)		_	
(<u>.vame o</u> i the Limi	(A Florida Limited	any as it now appears or Liability Company)	Tour Tecorus.			
The Articles of Organization for this Limited L	iability Company	were filed on Septem	nber 9, 2010	and	assign	ed
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	f the limited liab	oility company here:				
Petitt Worrell Rocha Sheppard PLLC						
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	nation "LLC" or the a	bbreviation	"L.L.C	.*1
Enter new principal offices address, if applic	cable:	N/A		24	201	
(Principal office address MUST BE A STREET ADDRESS)					K	ecté.
				A	20	Freita.
				63) *** *********************************		. Ekan
Enter new mailing address, if applicable:		N/A			2	1
(Mailing address MAY BE A POST OFFICE	ROX)				<u> </u>	*
Mutting undress MAT DE ATOST OFFICE	<u> </u>			Will.	نبه	
B. If amending the registered agent and registered agent and/or the new registered o			ır records, <u>enter</u>	the nai	ne of	the 1
Name of New Registered Agent:						
Name of New Registered Agent:						
Name of New Registered Agent: New Registered Office Address:		Enter Florida	street address		_	
		Enter Florida	street address , Florida	Zip Ce		

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

MGR = M $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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Filing Fee: \$25.00