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EXAMINER NOV 9 2010

COVER LETTER

Division of Corporations					
SUBJECT:	F & M Law Enfo	rcement Consults, LLC			
Sobole 1.		ted Liability Company			
•					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Victor L. Chapman			
		Name of Person			
	Barrett, Chapman & Ruta, P.A.				
		Firm/Company			
	18 Wall Street				
	Address				
	Orlando, Florida 32801				
	City/State and Zip Code				
	F-mail address: (1	victor@bcrlaw.net to be used for future annual report notificat	ion)		
D = 0 G = 41 = 1 : G = 1 = 4 : 1		·	iony		
For further information of	concerning this matter, please c	an:			
Sha	annon Farmer	arr ,	39-6227		
Name o	of Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for t	he 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:

TO:

Registration Section '

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

10 NOV -8 PM 2: 47

F & M Law En (Name of the Limited Liability (A Florida	forcement Consults Company as it now appear Limited Liability Company)	s, LLC son our records.)	A PASOLE PERION	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	10/11/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
F & M Law Enfo	orcement Consultants,	LLC		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)		·	
	·			
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>			
	Enter Florida street address			
		, Florida _		
	City		Zip Code	

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

25

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 = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** _ Add Remove ☐ Add ☐ Remove ___ Add Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 22 2010 Dated Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Victor L. Chapman
Typed or/printed name of signee