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SECRETARY OF STATE DIVISION OF CORPURATION

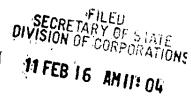
COVER LETTER

	Barton Fenstermal	ker, Wing & Associate	as IIC
SUBJECT:		nited Liability Company	73, LLO
The enclosed Artic	les of Amendment and fee(s) are su	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
,		<u> </u>	:
	Jason	E. Havens, Attorney at I	aw .
		Name of Person	
	,		
	Н	avens & Miller, P.L.L.C. Firm/Company	
	•	· ·	
	4481	Legendary Drive, Suite 2	204
		Address	····
		Destin, FL 32541	
•		City/State and Zip Code	
	ja:	son@trustestatelaw.net_	
	E-mail address:	(to be used for future annual report	notification)
For further informa	tion concerning this matter, please	call:	
	Jason E. Havens	. at (850)	424-6442
	lame of Person		ytime Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	•	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		,	
_	AAILING ADDRESS:	confect/col	URIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Barton, Fenstermaker, (Name of the Limited Liability Comp (A Florida Limited	Wing & Associa any as it now appears Liability Company)	ntes, LLC dn our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	12/27/2010 and assigned	
Florida document numberL10000132037		·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Barton, Fenstermaker, To	ndello & Associate	es, LLC	
The new name must be distinguishable and end with the words "Lin"L.L.C."			on
Enter new principal offices address, if applicable:		·	_
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			,
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on ou re:	r records, enter the name of the ne	<u>w</u>
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 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:

		Remove
	•	
		Add Remove
		
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y other information, enter cha		ets, if necessary.)
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,		ORPORATIO
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	2011/) /(MM/SM)	ny other information, enter change(s) here: (Attach additional shee

Page 2 of 2

Filing Fee: \$25.00