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11 APR -6 AMH: 05

T. HAMPTON

APR - 7 2011



COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Capital Relations Law Group, LC 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:						
Stephen Millan						
Name of Person						
Firm/Company						
7520 S. Red Red. Str J						
Many FC 33143						
City/State and Zip Code Millan Stephen O Vahoo Com E-mail address: (to be used for future/annual report notification)						
For further information concerning this matter, please call: Stephen Manue of Person at (305) 670-9655 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status}\$ \$55.00 Filing Fee \$\ \text{Certified Copy (additional copy is enclosed)}\$ \$60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS.

OF

TILEU

11 APR -6 AM 11:05

CAPITOL R	ELATIONS LAW GRO	OUP LLC	
(Name of the Limited Li (A Fl	ability Company as it now appea orida Limited Liability Company)	irs on our records.	
The Articles of Organization for this Limited Liab	ility Company were filed on	01/04/2011	and assigned
Florida document number L110000013	56		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	re:	
MIL	LAN LAW GROUP LLC		
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable	le:		*
Principal office address MUST BE A STREET A	4DDRESS)		

Enter new mailing address, if applicable:			
Enter new maning address, it applicable: Mailing address MAY BE A POST OFFICE BO			
Frank dulites Mill DE N 1 051 01 110E BO			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street add	ress
-		, Florida	Zin Code
	City		Zin 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 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 = M MGRM =	lanager Managing Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	·		□ D
			<u> </u>
			□ D
			= = =
D. If amer	Apri	er change(s) here: (Attach additional sheets, if ne	SECRETARY OF STATE SECRETARY OF CORPORATIONS 11 APR -6 AM 114 05
	Signature of	Slipten T. Millan a member or authorized representative of a member	
		STEPHEN T MILLAN Typed or printed name of signee	

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Filing Fee: \$25.00