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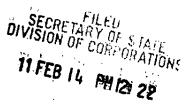
SECRETARY OF STATE

N. Culligan FEB 15 2011

## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations					
SUBJE	ECT:	WIN	LAW, PLLC				
1			ited Liability Company				
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:							
		REN BURTON-JENKINS Name of Person					
THE WI			WINLAW GROUP, PLLC				
Firm/Company							
121 SOUTH ORANGE AVE., SUITE 1500							
Address							
		ORL	ANDO, FLORIDA 32801  City/State and Zip Code				
KAIRREN@AOL.COM  E-mail address: (to be used for future annual report notification)							
For furt	ther information	concerning this matter, please of	call;				
		BURTON-JENKINS	at ( 407 ) 377-6800 EXT. 6379				
	Name (	of Person	Area Code & Daytime Telephone Number				
Enclose	ed is a check for t	the following amount:					
<b>₹</b> 25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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		ration Section on of Corporations ox 6327	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



	WINLAW, PLLC								
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)									
The Articles of Organization for this Limited Lia	• • •	01/21/2011	and assigned						
Florida document numberL11000010	569								
This amendment is submitted to amend the following	wing:								
A. If amending name, enter the new name of	the limited liability company here	:							
THE WINLAW GROUP, PLLC									
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	y," the designation "L	LC" or the abbreviation						
Enter new principal offices address, if applica	ble:								
(Principal office address MUST BE A STREET	ADDRESS)		· .						
	**************************************								
Enter new mailing address, if applicable:									
(Mailing address MAY BE A POST OFFICE B	OX)								
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:									
registered agent and/or the new registered on	re audiess here.								
Name of New Registered Agent:	***************************************								
New Registered Office Address: 121 SOUTH ORANGE AVE., SUITE 1500									
	Enter Florida street address								
	ORLANDO	, Florida	32801						
	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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	KENNETH L WILLIAMS	111 EAST WASHINGTON APT. 2314 ORLANDO, FLORIDA 32801	Add Remove
MGR	KENNETH L WILLIAMS	121 SOUTH ORANGE AVENUE SUITE 1500 ORLANDO, FLORIDA 32801	✓ Add ☐ Remove
	<del></del>		Add Remove
<del></del>			Add Remove
	W		Add Remove
<del></del>			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF SOLVISION OF CORPOR
-			ORATIONS
Dated	FEBRUARY 9 , 2	011	
	) '	er or authorized representative of a member	
		NETH L WILLIAMS d or printed name of signee	<del></del>
		L o. n.D	

Page 2 of 2

Filing Fee: \$25.00