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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: ATLANTIC JUSTICE LAW GROUP, PLLC					
SUBJECT:		ited 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:			
	KAR				
Name of Person					
	ATLANTIC	JUSTICE LAW GROUP, PLL	_C		
		Firm/Company			
	121 S. OF	RANGE AVENUE, SUITE 150	0		
		Address			
	ORL	ORLANDO, FLORIDA 32801			
		City/State and Zip Code	 		
ad Emiliadaes (min@ajlawgroup.com to be used for future annual report notifical	ion)		
F 6			non)		
For further information c	oncerning this matter, please of	call:			
KAREN D.	BURTON-JENKINS	at \	77-6800		
Name of Person		Area Code & Daytime T	elephone Number		
Enclosed is a check for the	ne 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)		
			. LPPPPGG		

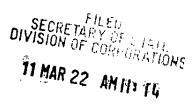
MAILING ADDRESS:

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



THE V	VINLAW GROUP, PLL	C	
(<u>Name of the Limited Lia</u> (A Flo	i <mark>bility Company as it now appear</mark> orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi Florida document numberL1100001056		01/26/2011	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
ATLANTIC	JUSTICE LAW GROUP, P	LLC	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
			
35 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
			
B. If amending the registered agent and/or		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
_		, Florida	7: 0 1
	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, <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 **Type of Action** <u>Title</u> <u>Name</u> **Address** ☐ Add Remove ☐ Add Remove Add Remove Add Remove □Add ___Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 15 2011 Dated _ Signature of a member or authorized representative of a member KENNETH L. WILLIAMS Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00