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D. BRUCE

MAR 1 3 2012

EXAMINER

COVER LETTER

'TO: Registration S Division of Co				
SUBJECT:	PLATT HOPWOO	DD & ASSOCIATES	SLLC	
SUBJECT:		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	1	MICHELE MUELLER		
		Name of Person		And the second s
•		TRIPP SCOTT, P.A.		
		Firm/Company	ν,	\$ 5 m
	110 SE 6	STH STREET, 15TH FI	LOOR	
		Address		E Z M
	FORT	LAUDERDALE, FL 33	301	
		City/State and Zip Code		5
	MMI E-mail address: (i	M@TRIPPSCOTT.COM to be used for future annual report	VI - t notification)	
For further information of	concerning this matter, please c	•		
МІСН	ELE MUELLER	at (954)	627-3838	
Name o	of Person	Area Code & D	aytime Telephone 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 enc	losed) Certified	e of Status &
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration S Division of C Clifton Buildi	orporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATT HOP	PWOOD & ASSOCIATION	TES LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	March 25, 2011	and assigned
Florida document numberL1100003638			
This amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company h	<u>ere</u> :	
PLATT HOP	WOOD & ASSOCIATES	, PLLC	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable	le:		-40
(Principal office address MUST BE A STREET A	ADDRESS)	,	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, enter th	e name of the new
registered agent and/or the new registered orner	e audress here:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Enter Florida street addr	000
	E	inter rioriaa street adar	ess
	City	, Florida	Zip Code
	CHV		LID COAE

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:

	= Manager M = Managing Member		
<u>Title</u>	Name	Address	Type of Action
	<u> </u>		Add
			_
	<u> </u>		
			Remove
D. If a	mending any other information, enter ch Article III is hereby deleted in its e "The purpose for which this Limite	entirety and replaced with the fo	ollowing:
	professional legal services."	· ·	N N
Dated _	,	2012	
		Jack L. Platt ped or printed name of signee	mber

Filing Fee: \$25.00

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