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PICK-UP	☐ WAIT	MAIL
, (E	Business Entity Nar	ne)
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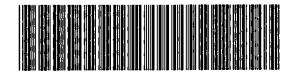
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## **COVER LETTER**

Division of Corpor		er er	A STATE OF THE STA
SUBJECT:	Ganeles a	nd Norkin, PLLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		M'Linda Draughn	
-		Name of Person	
_		Saul Ewing, LLP	
		Firm/Company	
	500 E	E. Pratt Street, Suite 900	<u></u>
		Address	
_	Balti	imore, Maryland 21202	
	_	City/State and Zip Code	
-	E-mail address: (t	janelboca@aol.com o be used for future annual report no	tification)
For further information conc	erning this matter, please co	all:	
M'Lind	a Draughn	at ( 410 )  Area Code & Dayt	332-8859
Name of Pe	rson	Area Code & Dayt	ime Telephone Number
Enclosed is a check for the f	ollowing amount:		
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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

## 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

	LES AND NORKIN, PLLC	records)
(A)	Liability Company as it now appears on our Florida Limited Liability Company)	Teedrus.)
The Articles of Organization for this Limited Lia Florida document numberL110000733		23, 2011 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
Gan	neles Norkin Holdings, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" 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	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our reco ice address here:	ords, enter the name of the new
		ALLASSE EC 16
Name of New Registered Agent:		2 IN
New Registered Office Address:	P Fl	<u> </u>
	Enter Flori	da street ad sis
•	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:

<u>le</u>	<u>Name</u>	Address	Type of Actio
			Remove
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If amen	ding any other information, e	nter change(s) here: (Attach additional shee	ts, if necessary.)
_			
	December 14	, <u>2011</u> .	

Page 2 of 2

Filing Fee: \$25.00