

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

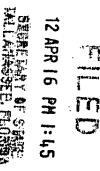
APR 1 9 2012

EXAMINER



200228677232

04/16/12--01029--017 \*\*25.00



## **COVER LETTER**

то:	Registration Sec Division of Corp				
SUBJI					
			Solicitors, LLC ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
	Simon L. Wiseman				
			Name of Person		
		T	ne Wiseman Law Firm Firm/Company		
			run/Company		
		11	1115 E. Livingston Street		
			Address		
		Orlando	FL	32803	
		ovelo o ro	City/State and Zip Code		
		E-mail address: (	an@floridadefenselaw to be used for future annual repor	t notification)	
For fur	ther information co	ncerning this matter, please c	eall:		
		L. Wiseman	at (_407_)	923-3843	
	Name of	Person	Area Code & D	Daytime Telephone Number	
Enclos	ed is a check for the	following amount:			
<b>□\$</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)	
	Registrat Division P.O. Box	NG ADDRESS: cion Section of Corporations c 6327 see, FL 32314	Registration : Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	SLW Solic Liability Compa Florida Limited I	itors, LLC ny as it now appears on our liability Company)	records.)		<del></del>	
The Articles of Organization for this Limited Lie Florida document numberL11000100		were filed on09/0	)1/2011	a	and ass	igned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liah	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	designation "	LLC" (	or the a	abbreviation
Enter new principal offices address, if applica	ıble:	1115 E. Livingston S	Street	) 기 (대한 기 (대한	· .	
(Principal office address MUST BE A STREE	(ADDRESS)	Orlando, FL 32803			2 A	46.
					ž	1 Property Control of the Control of
				N -	6	1
Enter new mailing address, if applicable:		1115 E. Livingston S	•	ال بالد و65 رث	3	
(Mailing address MAY BE A POST OFFICE 1	BOX)	Orlando, FL 32803	5	ું કુશ  જો		O
			ě		9	
B. If amending the registered agent and/o registered agent and/or the new registered off			ords, <u>enter</u>	the na	ame o	f the new
Name of New Registered Agent:		······································				*
New Registered Office Address:	ngston Street			, <u></u>		
	Enter Florida street address					
		Orlando , Flor		32803		
<del></del>		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

MGR = Manager

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:

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Add Remove		
<del>_</del>			Add Remove		
			Add Remove		
			Add		
			Remove Add		
D. Ifaman	ding one other information and a share		Remove		
	ung any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_		
			_		
Dated	4/11/12		<del></del>		
		or authorized representative of a member			
		or printed name of signee	<del></del>		

Page 2 of 2

Filing Fee: \$25.00