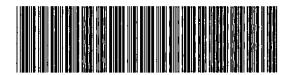
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SECRETARY OF STATE
AND ASSEE FLORID.

D. BRUCE
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EXAMINER

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:		aw and Associates ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	S	tefan E. McHardy, Esq.		
		Name of Person		
	МсН	ardy Law and Associates	5	
	Firm/Company		∑ (3	
		4337 Sea Grape Dr.		NOV 21 CRETAR LAHASS
Address		SSA 2 F		
	Laude	rdale by the Sea, FL 333	.08	21 M 2
City/State and Zip Code SEMcHardy@McHardyLaw.com		Fes in		
		m	OF STATE	
	E-mail address: (to be used for future annual report n	otification)	>
For further information	concerning this matter, please of	call:		
St	tefan McHardy	at (954)_ '	332-1257	
Name	e of Person		time Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	te of Status &

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

McHardy Law and (Name of the Limited Liability Comp. (A Florida Limited	d Associates, L any as it now appears Liability Company)	LC s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000130997	y were filed on	11/17/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Compar	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			NOV 21 PM 2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		ır records, <u>enter</u>	FLORIDA the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street add	dress
		, Florida	
	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR_	Robert J. Vitale	4337 Sea Grape Drive Lauderdale by the Sea. FL 33308	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary) AHASSIE FLOR	TI NOV 21 PH 2: 48
Dated		DF A	† (39). –
-	Signature of a member of Stefa Typed or	an E. McHardy printed name of signee	

Page 2 of 2

Filing Fee: \$25.00