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T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Tinespia Morris Name of Person
	TO MOUTS & ASSOCIATED, PLLC
	121 S. Orange Ave, Suite 1500
	City/State and Zip Code + dmo(1 is Q lawye R, wm E-mail address: (to be used for future annual report notification)
For further information co	encerning this matter, please call:
	Person at (407) 900-6935 Area Code & Daytime Telephone Number
Enclosed is a check for the	e following amount:
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 STATE OF DIVISION OF CORPORATIONS

TO marris &	Associaly P.D.L	AM 11: 29
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>111001364</u> 4	y were filed on XM	uny 15, 2012 and assigned
Florida document number	1.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
M MOCCIS Law, PLLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company,"	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)		
	-	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida Zip Code
	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 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:

			Add
			Remove
			Add Remove
 			Add Remove
,			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			SECRE DIVISION
			FILED STATOR CORPORATION OF CORPORAT
Dated	September 6, 701	12. M	ATIONS : 29

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Filing Fee: \$25.00