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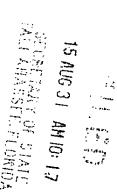
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COVER LETTER

TO:	Registration Se Division of Cor		大	*
SUBJI		nidney & DiPasquale, P.L.	*	
		Name of Limited	Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are submitt	ted for filing	
		ndence concerning this matter to the	-	
		Michael J. Prohidney		
			Name of Person	
		Tilden & Prohidney, P.L.		
			Firm/Company	
		431 12th Street West, Suite 20	14	
			Address	
		Bradenton/Florida 34205		
			City/State and Zip Code	
		michael@tpdlegal.com		
		E-mail address: (to be	e used for future annual report not	fication)
For fur	rther information co	oncerning this matter, please call:		
Micha	el Prohidney		941 243-3959	·
	Name of	Person	at () Area Code Daytin	e Telephone Number
Enclos	sed is a check for th	ne following amount:		•
X \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose

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

TO ARTICLES OF ORGANIZATION OF

Tilden, Prohidney & DiPasquale, P.L. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number $_$ L12000067582 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tilden & Prohidney, P.L. The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." 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 office address on our records, enterthe name of the new registered agent and/or the new registered office address here: Michael J. Prohidney Name of New Registered Agent: 431 12th Street West, Suite 204 **New Registered Office Address:** Enter Florida street address Bradenton

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

$\underbrace{or\ removed\ from\ our\ records}_{\ \boldsymbol{\dot{\ast}}};$

MGR = Manager AMBR = Authorized·Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Derek A. DiPasquale	431 12th Street West, Suite 204	
		Bradenton, FL 34205	■ Remove
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Filing Fee: \$25.00