12000126004

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COVER LETTER

TO: Registration Secti Division of Corpo		š	
SUBJECT: Cochra	n Law Firm, LLC		
SUBSECT.		ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Allison Cochran	
		Name of Person	
		Cochran Law Firm, LLC	
		Firm/Company	
•		P.O. Box 590391	
		Address	
	Orla	ando, Florida 32859	
		City/State and Zip Code	
	E-mail address; (to	on@cochranesquire.com o be used for future annual report notificati	on)
For further information con	cerning this matter, please ca		
Allison Cochran	erson	at (407) 504-1020 Area Code & Daytime Te	elephone Number
			•
Enclosed is a check for the	following amount:		
\$25.00 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 & 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



July 5, 2013

ALLISON COCHRAN PO BOX 590391 ORLANDO, FL 32859

SUBJECT: COCHRAN LAW FIRM, LLC

Ref. Number: L12000126004

We have received your document for COCHRAN LAW FIRM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 013A00016599

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cochran Law Firm	n, LLC		
(<u>Name of the Limited Lia</u> (A Fle	n, LLC i <mark>bility Company as it now a</mark> prida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	1 10/3/2012	and assigned
Florida document number <u>L12000126004</u>	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability compan	<u>y here</u> :	
Cochran Law Firm, P.L. The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability C	Company," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ess
_		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	JAL	- S.E.C.
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete perform red agent as provided for istered office address, I h ange.	ance of my duties, and I am in Chapter 608, F.S. Or B ereby confirm that the lim	r-familiar with and this Ocument is ted liability
	If Changing Registere	d Agent, Signature of New Res	stered 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 Type of Action Title . Name <u>Address</u> Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• -	Purpose of business is to provide: Legal Services
-	
_	
Dated Jui	ne 27 , <u>2013 . </u>
	ali del
	Signature of a member or authorized representative of a member
	Allison L. Cochran
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00