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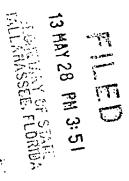
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## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT: Neme	celc Law Firm, LLC	_
october:	Name of Limited Liability Company	_
•		型 · · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment	ent and fee(s) are submitted for filing.	A 28
Please return all correspondence co	ncerning this matter to the following:	
	Tom Nemecelc  Name of Person  Jemecek Law Firm  Firm/Company	F. S.
	Name of Person	F
1	Jemecek Law Firn	·,LLC
	Firm/Company	
	P.O. Bux 20591	
<del></del>	Address	
_1	Mahassee, FL 32. City/State and Zip Code	316
	City/State and Zip Code	
	Themecek Ø7@ gmail	
	E-mail address: (to be used for future annual re	oort notification)
For further information concerning	this matter, please call:	
Ton Dema	cek at (850) 5°	10-3306
Name of Person	Area Code &	t Daytime Telephone Number
Enclosed is a check for the following	ng amount:	
	00 Filing Fee & ☐\$55.00 Filing Fee & Certificate of Status (additional copy is	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 4

Newelle (Name of the Limited Line)  The Articles of Organization for this Limited Liz  Florida document numberL 12000128	Liability Compar Florida Limited L ability Company	ny as it now appears on iability Company)		28 PH 3: 50 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company,"	the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applica	ble:	1333 Airp	Dr. 1	6-12
(Principal office address MUST BE A STREET		1333 Airp	see,FL	3234
Enter new mailing address, if applicable:		P.O. BOX	20591	32316
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Tallahas	see, FL	32316
B. If amending the registered agent and/o registered agent and/or the new registered off			records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	1333 4	Airpost Or. Enter I Lassee City	G-12 Florida street ad	ldress
	Talla	hassee	. Florida	32304
		City	<del></del>	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:

MGR = M	anager Managing Member		Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		**	Remove
<u> </u>			Add
			Remove
			<del></del>
	<del> </del>		Add
			Remove
			_
			_ Add
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			Remove
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			Add
			Remove
			_

ending any	other information, enter change(s) here: (Attach additional sheets, if necessary.
	<del></del>
5/	23/13
	·
	Tou News (1)
	Signature of a member or authorized representative of a member
	Thomas Nemetek
	Typed or printed name of signee
	-

Page 3 of 3

Filing Fee: \$25.00

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