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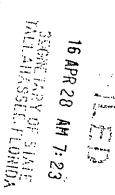
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COVER LETTER

10:	Division of Corp		4	
SUBJEC	Chimeric In	novation Law, PLLC		
SUBJE	~1i	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Fernando A. Dutra		
			Name of Person	<u> </u>
		Chimeric Innovation Law,	PLLC	
			Firm/Company	
		9802-12 Baymeadows Rd	#164	
		···	Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		-	.com; cwilson@chimericinnovation	
		E-mail address: (1	to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
Camille	A. Wilson		904 955-1975 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chimeric Innovation Law, PLLC			
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ity Company were filed on 08/29/2013	and assig	ned
Florida document number L13000124890	.		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
Wilson Dutra, PLLC			
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 A)			
Time pur office unuress MOBT DE ASTREET AF	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
			
B. If amending the registered agent and/or r	registered office address on our records, enter	r the name of	the new
registered agent and/or the new registered office:		> 2	•
		20 A	. ~
Name of New Registered Agent:		\$3.00 \$3.00	Yanan Eriminar
		29 2	A Nomes
New Registered Office Address:	D. C		1 1
	Enter Florida street address	7: 23 5 Arrie 1 0 Right	4)
<u>_</u>	, Florida		
	City	7in 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title \	Name	Address	Type of Action
			□ Add
	•		□ Remove
			□ Remove
			Add
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fective date, if other than the date of filing:	(optional)	
terective date is used, the date must be specific and cannot be prior to date of ming or more than 90 stee: If the date inserted in this block does not meet the applicable statutory filing requirem cument's effective date on the Department of State's records.	ents, this date will no	t be listed
record specifies a delayed effective date, but not an effective time, at :	12:01 a m⊹on the	e earlier
The 90th day after the record is filed.	12.01 G./II. OII (IR	CGING
red April 26, 2016.		
Janda //		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00