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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Millhorn Elder Law Planning Corwo, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Eric C. Millhorn, Esq. Name of Person
Millhorn Elder Law Planning Group, LLC Firm/Company
11294 US Highway 301 Address
Oxford, Florida 34484 City/State and Zip Code
ericamilhorn law. con E-mail address: (to be used for future annual report notification)
Eric C. Milhorn Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Millhorn Ele	der Law	Planning	bras.	LLC
(Name of the Limi	ted Liability Compa	ny as it now appears	on our records.)	
	(A Florida Limited I	Liability Company)		

The Articles of Organization for this Limited Liability Company were filed on September 23, 2013 and assigned Florida document number 113000134270.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability	company here:	
Millhorn Elder Law Planning	Graso, PI	LC
The new name must be distinguishable and contain the words "Limited Liability"	ompany," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		78 5
_		F-8 8 T
B. If amending the registered agent and/or registered office	address on our	records, enter the name of the new
registered agent and/or the new registered office address here:		新語 é m
Name of New Registered Agent:	75-11-11-11-11-11-11-11-11-11-11-11-11-11	<u></u>
New Registered Office Address:		美市 2
New Registered Office Address.	Enter Florida st	reet address
		. Florida
_ 	Citv	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
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Effective date, if other than the date of filing:		
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	Eric C. Millhorn Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00