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COVER LETTER

TO: Re	egistration Sec vision of Corp	tion orations		
SUBJECT:	ATWOOD &	& CLARK ASSOCIATES, LI	LC	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		ERIC HOWELL		
			Name of Person	
		HOWELL CPA GROUP		
			Firm/Company	
		408 W BALDWIN RD		
			Address	
		PANAMA CITY , FL 3240	05	
			City/State and Zip Code	
		ADMIN@HOWELLCPAG		
		E-mail address: (t	to be used for future annual report notific	ation)
For further i	nformation cor	ncerning this matter, please ca	111:	
ERIC HOW			850 215-3093 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 I	Filing Fee	S30.00 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

AT WOOD & CLARK ASSOCIATES, ELC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Comparison document number <u>L14000083818</u> .	any were filed on	5/23/2014	and assigned
his amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited l</u>	iability company her	<u>'e</u> :	
ne new name must be distinguishable and contain the words "Limited Li	ishility Company " the des	cionation "I I C" or the	alteraviation "I I C"
ter new principal offices address, if applicable:		- DEC OF the	PE & T
rincipal office address MUST BE A STREET ADDRESS	<u> </u>		SSS
nter new mailing address, if applicable: <u>Sailing address MAY BE A POST OFFICE BOX</u>			FLORIDA FLORIDA
If amending the registered agent and/or registered gistered agent and/or the new registered office address h		our records, <u>ent</u> e	r the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
	City	, Florida _	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ATWOOD & CLADY ACCOCLATED LLC

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>	<u>Address</u>	Type of Action
AMBR	BURNS, MICHAEL	128 TWILIGHT BAY DRIVE	
		PANAMA CITY BEACH, FL 32407	■ Remove
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ocument's e	ffective date of	on the Departn	nent of State	e's records.					
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Page 3 of 3

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