[14000/68994

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COVER LETTER

TO:	Registration Sec Division of Corp		· 1 · · · · · · · · · · · · · · · · · ·	
SUBJ	Gobin La	w Group, PLLC	r. j	
3000	ECI.	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Sheehan Gobin		
		-	Name of Person	
			Firm/Company	
		1096 Salmon Isle		
			Address	
		Greenacres, FL 334	13	
			City/State and Zip Code	
		sheehan.gobin@gma		
		E-mail address: (to be used for future annual report notific	cation)
For fu	rther information co	ncerning this matter, please c	all:	
Shee	ehan Gobin		561 408-0898	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
\$ 2	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

(Name of the Limited Liability Comp	any as it now appears on our record	is.)
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	_
he Articles of Organization for this Limited Liability Company	y were filed on 10/29/2014	and assigned
lorida document number L14000168994		
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
Gobin Law, PLLC		
ne new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		4
rincipal office address MUST BE A STREET ADDRESS)		₹ 83 <u>4</u>
The state of the s		
	**************************************	Dan 1
nton now mailing address if applicables		SER +
nter new mailing address, if applicable:		
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		STATE STATE
	- ,	<u> </u>
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her		
Name of New Registered Agent:	-	11.00
New Registered Office Address:		
	Enter Florida street addres	č.S
	, Fl	orida
	City	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$ \mathbf{MGR} = \mathbf{M} $ $ \mathbf{AMBR} = \mathbf{A} $	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
-			Add
			Remove
			Add
			□ Remove
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			Add
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nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			

ffective date, if other than the dat the effective date must be specific, cannot be the date this document is filed by the Florida	te of filing: (optional) e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)		
October 30th	2014		
Sheele			
Sier	nature of a member or authorized representative of a member		
Sheehan Gobin	nature of a member or authorized representative of a member		

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SEURETARY OF STATE
TALLAHASSEE, ELOSION

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Filing Fee: \$25.00