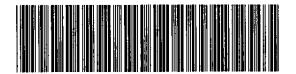
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MAR 22 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flonda Litigation Law Film, 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:
Owen Soklot Name of Person
Florida Litischin Law Firm, LLC Firm/Company
745 U.S. Hwy 1, Suite 207
Noth Palm Beach, FL 33408
City/State and Zip Code Osokolofe floridalit/au. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Owen Sokolot at (561) 507-5252 Name of Person Area Code Daytime Telephone Number
Number of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) 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

1 11. 1

- Horida Litigation Law	tilm, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on December 11,	2015 and assigned
Florida document number <u>L15 000 206 73 6</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 40-	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning dadress MAT BE A LOST OFFICE BOA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		- 36 N
New Registered Office Address:	Enter Florida street address	RZI PH
	City , Flor	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		53 1DA

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
<u>MGR</u>	Shafin Remtulla	745 U.S. Huy 1, S.le 207	D_Add
		745 U.S. Huy 1, S.le 207 North Pela Beach, FC 33408	Remove
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he record The 90t	specifies a h day after	delayed effe	ctive da s filed.	ite, but n	ot an effe	ective tim	ie, at 12:	01 a.m. on	the e	earlier o
N	March	16th	,	201	6	_				
Dated/_	7-11-0				_	7				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00