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DEPARTMENT OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 140206 4357219 AUTHORIZATION : COST LIMIT : ORDER DATE: March 29, 2018 ORDER TIME : 1:18 PM ORDER NO. : 140206-005 CUSTOMER NO: 4357219 DOMESTIC AMENDMENT FILING NAME: ALISON NEWTON PLLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALISON NEWTON PLLC	<u> </u>	
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(x.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 1/31/2018	and assigned
Florida document number L18000030075		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Mary Alison Newton PLLC		
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		700 00
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED WAR 30 M
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B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	SSS
	, F I	lorida
	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 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	
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