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DIVISION OF CORPORATION

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COVER LETTER

TO:	Registration Division of	n Section Corporations
CUD IE/		AND WILLIAMS TRIAL GROUP, PLLC
SUBJEC		Name of Limited Liability Company
The encl	osed Articles	s of Amendment and fee(s) are submitted for filing.
Please re	eturn all corre	espondence concerning this matter to the following:
		Camara A. Williams Esq.
		Name of Person
		Smith & Williams Trial Group, PLLC
		Firm/Company
		2295 South Hiawassee Road, Suite 317-318
		Address
		Orlando, Florida 32835
		City/State and Zip Code
		cwilliams@swtglaw.com
		E-mail address: (to be used for future annual report notification)
For furth	er informatio	on concerning this matter, please call:
Camara	A. Williams	407 719-0619 at ()
	Nan	me of Person Area Code Daytime Telephone Number
Enclosed	f is a check fe	or the following amount:
\$25.	00 Filing Fee	E \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 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 Tallahassec, 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

SMITH & WILLIAMS TRIAL GROUP, PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/14/2018 and assigned Florida document number ______L18000044289 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
P/ MGR	Divinne Joseph Smith	2295 South Hiawassec Road	■ Add
		Suite 317-318	□ Remove
		Orlando, Florida 32835	Change
VP/ MGR	Camara A. Williams	2295 South Hiawassee Road	■ Add
		Suite 317-318	☐ Remove
		Orlando, Florida 32835	Character (
			Add
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	st be specific and cannot be prior to date lock does not meet the applicable s		
locument's effective date on the I	Department of State's records.		
e record specifies a delaye The 90th day after the re	d effective date, but not an cord is filed.	effective time, at 12:01	a.m. on the earlier of:
, MAY 18	2018		
Dated	· · · · · · · · · · · · · · · · · · ·		
	Signature of a member or authorized		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00