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TO: Registration Section Division of Corporations							
SUBJECT: Adams, Erich PLLC 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:							
Ecicle adams Name of Person							
Firm/Company							
1850 Windsor Dr.							
Winter Park FL 32789 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Sich adams at (ale 481-0552) Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution							

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adams, Ec	I Ch	PLLC	our manuda)		
(Name of the Emilie	A Florida Limited I.	iability Company)	our records.)		
The Articles of Organization for this Limited Lia	ability Company	were filed on $4/$;	and as	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of Ecilo Adams The new name must be distinguishable and contain the we			ation "LLC" or th	he abbreviation "I	"L.C."
Enter new principal offices address, if applica	ble:	1850 1	Ninds	ioc Do	<u>-</u>
Principal office address MUST BE A STREET	(ADDRESS)	Winter	Park	,fL	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	32789 Same a	r au	PIRI HAR 29 AH	:
3. If amending the registered agent and/or regent and/or the new registered office address	gistered office a here:	ddress on our record	ls, <u>enter the r</u>	8: 2 013:	w registered
Name of New Registered Agent:					
New Registered Office Address:	1850	Wind Sor Enter Florida str	eet address	_	
	Winter	Park City	Florida	327 Zip Code	89

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 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
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			Change
			Add Remove
			AM Remove 23
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
 -			□Add
			□Remove
			□Change