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. COVER LETTER

O: Registration Section Division of Corporations
UBJECT: LAW Office of Kelly McCuc, LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Kelly McCue Name of Person
Law Office of Kelly McCue
4554 Central Avenue Suite A
St Petersburg FL 33711 Gity/State and Zip Code
E-mail addresser (to be used for future annual report notification)
or further information concerning this matter, please call:
Very Meue at (727) 252-9582 Name of Person at (727) Daytime Telephone Number
inclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ 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 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

The Articles of Organization for this Limited Liability Company were filed on NOVE	mher 16,2002	and as	signed
Florida document number <u>L22000490636</u> .			
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	ction "LLC" or the abbrevi	ation "I	L.C."
Enter new principal offices address, if applicable:	<u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	20,	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	74 HZ	
	*	AY 3C	
Enter new mailing address, if applicable:	<u> </u>	PX	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	17.1	20	
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	is, <u>enter the name of</u>	the ne	w registered

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_. Florida ___

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
			□Change
		□Add	
		□Remove	
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sourpose is Law firm
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Note:	tive date, if other than the date of filing: 528 2004 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Separative of a memori of authorized representative of a memori
	Typed or printed name of signee

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