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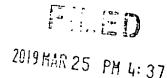
ТО:	Registration Se Division of Cor			•
SUBJE		Office of William M. Cavanaug	h, P.A.	
эорл.		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		William M. Cavanaugh		
			Name of Person	
		Cavanaugh Law Group		
Firm/Company				
		Four Harvard Circle, Suite	100	
			Address	· · · · · · · · · · · · · · · · · · ·
		West Palm Beach, FL 3340)9	
			City/State and Zip Code	
		william@wmc-law.com		
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please co	ill:	
Willian	n M. Cavanaugh		561 283-2196 at()	
	Name o	f Person	Area Code Daytin	ie Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Law Office of William M. Cav	anaugh		·	
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited l	iny as it now app Liability Company	y)	
The Articles of Organization for this Limited Li Florida document number P11000068186	ability Company	were filed on	07/29/2011	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company	here:	
Cavanaugh Law Group, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company." th	ie designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	Four Harvard	d Circle		
(Principal office address MUST_BE A STREE		Suite 100		
-		West Palm B	Beach, FL 33409	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of			on our records, ent	er the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	Four Harvard C	Circle, Suite 100)	
		Enter i	Florida street address	
	West Palm Be;	ach	Florida	33409
		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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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fective date, if other than the dat in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior t does not meet the applica			
		an effective time, a	t 12:01 a.m. on the ϵ	arlier of
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The 90th day after the record		_·		
The 90th day after the record	is filed.	 		
nted	is filed.			_

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Filing Fee: \$25.00