

L04000025820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

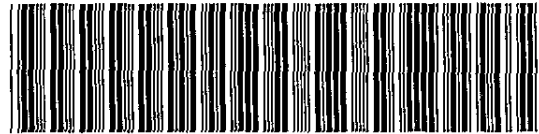
(Business Entity Name)

(Document Number)

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\$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 OCT 27 AM 8:13

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mommy Support LLC
(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:

Grail Giroboski
(Name of Person)

Mommy Support LLC
(Firm Company)

418 Kimberly Lane
(Address)

Saint Peters, MO 62376
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jennifer Lopez at (561) 629-0055
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mommy Support LLC

(Present Name)

(A Florida Limited Liability Company)

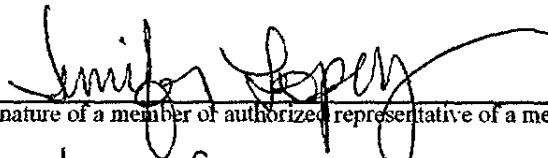
FIRST: The Articles of Organization were filed on March 24, 2004 and assigned document number LD4000025820.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Please delete Jennifer Lopez as a managing member of Mommy Support LLC as of October 20, 2004. Gail Giroboski will be the sole remaining member of Mommy Support LLC as of October 20, 2004.

FILED
OCT 20 2004
TALLAHASSEE FLORIDA

Dated October 12, 2004.



Signature of a member or authorized representative of a member

Jennifer Lopez

Typed or printed name of signee

Filing Fee: \$25.00