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D. BRUCE

SEP 18 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	. "
SUBJECT: SECT. 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:	
John D Mooney T	
John D Mooney	PA
2740 East Oakland P	K Blvd #202
Fort Landerdale, Fl City/State and Zip Code	33306
John money iii @ 4 ahoo . Com E-mail address: to be used for future annual report notif	ication) Ass 9
For further information concerning this matter, please call: 954805/ 30hn Mooney at 954,4419	676 AART SE T
Name of Person Area Code & Daytim Enclosed is a check for the following amount:	e Telephoné Number
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{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

5.E.C.T. ((C
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on/and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	
	CE 09 8
Enter new mailing address, if applicable:	SSE SSE
(Mailing address MAY BE A POST OFFICE BOX)	
	ST = D
	52
	tered office address on our records, enter the name of the new
registered agent and/or the new registered office add	ress nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 608, 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.

MGR = Manager MGRM = Managing Member						
<u>tle</u>	<u>Name</u>	Address	Type of Action			
<u>SRM</u>	John D Mooney II	1400 NE SSHL ST #702 FORT LANDERDUL, FL 33334	X Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
		TALLA	G∏ S d			

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00