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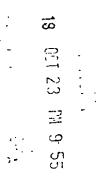
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COVER LETTER

TO: Registration Section

| Division of | Corporations | | | |
|---------------------------------|---|--|---|--|
| SUP IF ZT. | TAM HOLDINGS, | LLC | | |
| SUBJECT: | Name of Li | mited Liability Company | . | |
| The enclosed Article | es of Amendment and fee(s) are su | ubmitted for filing. | | |
| Please return all com | respondence concerning this matte | er to the following: | | |
| | M | ITCHELL KATZ CPA | | |
| | | Name of Person | | |
| | FREUND K | ATZ GOLDSTON YOUNG | S CO PA | |
| | | Firm/Company | | |
| | 210 N UNIVERSITY DRIVE STE 302 | | | |
| | Address | | | |
| CORAL SPRINGS FLORIDA 33071 | | | | |
| | | City/State and Zip Code | | |
| | | KATZ@TAX-DOCTOR.NE | | |
| | | : (to be used for future annual r | eport notification) | |
| For further informat | ion concerning this matter, please | call: | | |
| MIT | CHELL KATZ | 954 at () | 345 - 8666 | |
| Na | ime of Person | at () Area Code | Daytime Telephone Number | |
| Enclosed is a check | for the following amount: | | | |
| ■ \$25.00 Filing Fe | ee S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | Certificate of Status & | |
| Re | AILING ADDRESS: egistration Section evision of Corporations | Registrati Division o | COURIER ADDRESS: on Section of Corporations | |
| | O. Box 6327 illahassee, FL 32314 | Clifton Be 2661 Exec | uilding cutive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | DINGS , LLC | |
|--|--|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) itted Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L00000016248</u> | pany were filed on 12/28/2000 | and assigned |
| 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 "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES. | S) | . 19 |
| | | |
| | | 23 |
| Enter new mailing address, if applicable: | | <u>~</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | - 0 |
| | | , <u>, , , , , , , , , , , , , , , , , , </u> |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | ter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|--|----------------|
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| Tective date, if other than the date of filing: | (optional) |
| n effective date is listed, the date must be specific and cannot be prior to date of tilinger: If the date inserted in this block does not meet the applicable statutor. | ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed. |
| cument's effective date on the Department of State's records. | y ming requirements, this date with hot be fixed |
| | |
| record specifies a delayed effective date, but not an effective | tive time, at 12:01 a.m. on the earlier |
| The 90th day after the record is filed. | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00