

LO3000033470

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

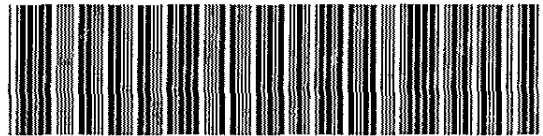
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CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 111970 7199111
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 29, 2004
ORDER TIME : 9:27 AM
ORDER NO. : 111970-005
CUSTOMER NO: 7199111
CUSTOMER: Ms. Debbie Himelblau
Seth E. Ellis, P.a.
Suite 190
2385 Executive Center Drive
Boca Raton, FL 33431

DOMESTIC AMENDMENT FILING

NAME: PEAK PERFORMANCE CONSULTING
SERVICES, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PEAK PERFORMANCE CONSULTING SERVICES, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Florida law, the undersigned Limited Liability Company adopts the following Articles of Amendment to its Articles of Incorporation.

1. The name of the Limited Liability Company is **PEAK PERFORMANCE CONSULTING SERVICES, L.L.C.**

2. The Articles of Organization of the Limited Liability Company were filed on September 4, 2003 and were effective as of September 1, 2003.

3. The following Amendment of the Articles of Organization was adopted by its members on December 9, 2004, in the manner prescribed by Florida law.

"ARTICLE IV

Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company."

4. This Amendment shall become effective immediately upon filing with the Department of State of Florida.

DATED this 7th day of December, 2004.

SOLE MEMBER:



BILL GOULDD

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 7 day of December
2004, by **BILL GOULDD**, who is [] personally known to me or has produced
FL. Lic as identification.



Notary Public, State of Florida

Print Name:

My Commission Expires: