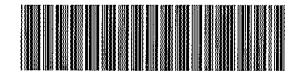
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DIVISION OF CORPORATION



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REFERENCE	:	326 Patricia Page	87	\(\frac{\partial}{2}\)	*

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE: November 18, 2003

ORDER TIME : 10:33 AM

ORDER NO. : 326157-005

CUSTOMER NO: 10690A

CUSTOMER: Tim Pickles, Esq

Watson, Soileau, Deleo, 3490 North U.s. Highway 1

Cocoa, FL 32926

DOMESTIC AMENDMENT FILING

NAME: VIERA VENTURES, LLC

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# 1156

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT

OF

VIERA VENTURES, LLC



1. Article I of the Articles of Organization of VIERA VENTURES, LLC is hereby amended to read:

The name of the limited liability company is: CLAWSON AND KIRK, LLC.

- 2. The foregoing amendment was adopted by all of the members of the limited liability company on November 17, 2003.
- 3. This amendment shall become effective upon the filing of the Articles of Amendment with the Secretary of State State of Florida.

IN WITNESS WHEREOF, the undersigned Director of this corporation has executed these Articles of Amendment this <u>17</u> day of November, 2003.

TIM KIRK, Managing Member

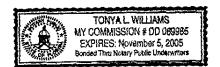
BEN CLAWSON, Managing Member

ACKNOWLEDGMENT

STATE OF FLORIDA COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this \tag{177}d	ay of November, 2003.
by TIM KIRK, who is personally known to me or who has produced	as

identification and who did not take an oath.



Notary Public:

Name: Songal Williams
State of Florida at Large (SEAL)
My Commission Expires:

STATE OF FLORIDA COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this ______day of November, 2003, by BEN CLAWSON, who is personally known to me or who has produced _______ as identification and who did not take an oath.

TONYA L WILLIAMS

MY CCMMISSION # DD 069985

EXPIRES, November 5, 2005

Bonded Thru Notary Public Underwriters

Notary Public:

Name: (Maa State of Florida at Large)

(SEAL)

My Commission Expires: