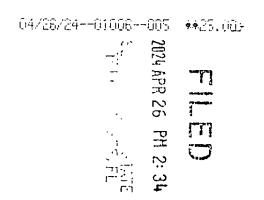
## L03000056042

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## **COVER LETTER**

10: Registration Sec Division of Corp			
was deris	Polating 110 Name of Limit		
SUBJECT: M/C	Name of Limit	ted Liability Company	
		company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Nilto ins	RAHM IN 4 Name of Person	
	·	Name of Person	
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NICIDIUS PU	HMING	at ( <u>\$ 50</u> )	Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
Mailing Address Registration S	=	<u>Street Ao</u> Rogistra	ddress: ation Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company)  (Name of the Limited Liability Company)	PH 2: 34
(A Florida Limited Liability Company)	STATE
The Articles of Organization for this Limited Liability Company were filed on 12/26/2003 a Florida document number L03000056042	nd assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
NIC'S POPULTING 11C	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation of the contain the words "Limited Liability Company."	ion "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of t agent and/or the new registered office address here:	he new registered
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 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 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

Title	Name	Address	Type of Action
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Dated	Signature of a member or authorized representative of a member
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	Signature of a member or authorized representative of a member