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(Address)

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(City/State/Zip/Phone #)

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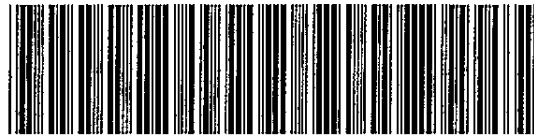
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

W 08/13/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE WING AVIARY
(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:

JAN KORINEK
(Name of Person)

BLUE WING AVIARY
(Firm/Company)

11897, S.W. 141st Place
(Address)

Dunnellon, FL 34432
(City/State and Zip Code)

04 AUG 12 PM 12:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAN KORINEK at 352 216 1849
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE WING AVIARY LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on MAY 3rd 2004 and assigned document number _____.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Please add LUCIE PETRY, date of birth 02-14-1976,
address: 218 S. WEBB RD.
PLANT CITY, FL 33566
as a managing member of company.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG 12 PM 12:52

Dated August 9th, 2004.

Signature of a member or authorized representative of a member

JAN KORINEK

Typed or printed name of signee

Filing Fee: \$25.00