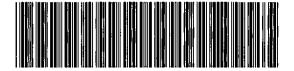
	questor's Name)	
(Re	equestors Name)	
//	Id-a-a)	
. (Ad	dress)	
(Ad	dress)	
	_	
(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	MAIT	MAIL
(8)		
(Bu	isiness Entity Name	?)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	9	
,		





700110459897

10/10/07--01016--018 **25.00

07 OCT 10 AHII: 53

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	BECOME A MO	OM, LLC	
SOBJECT:		mited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	CHRI	STINA NOBBE	
		(Name of Person)	
	BE	(Name of Person) COME A MOM (UC The (Firm/Company)	NAMED: etransaction Mgr, LLC ?)
		(Firm/Company)	, ,
		05 VISTALMARST.	
		(Address)	
	Co	RAL GABLES, FL 33	143
		(City/State and Zip Code)	
For further information	concerning this matter, please	call:	
CHRIST	NA NOBBE	at (305) 321 – 00 (Area Code & Daytim	3
(Nam	e of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BECOME A MOM, LLC		
	(Present Name) (A Florida Limited Liability Company)		÷
FIRST:	The Articles of Organization were filed on05/20/2004 and assigned document numberL04000038634		
SECOND:	This amendment is submitted to amend the following:		
	THE NAME OF BECOME A MOM, LLC IS TO BE		
	CHANGED TO:		
	THE TRANSACTION MANAGER, LLC.		
			
			11
Dated	4 Octobra, 2007.	07 OCT	SECRE
	ampoube	10 AM	UKKY.
	Signature of a member or authorized representative of a member	5	**** ,
	CHRISTINA NOBBE	53	Ŧ.
	Typed or printed name of signee		

Filing Fee: \$25.00