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(Cit	ty/State/Zip/Phone	#)		
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## **COVER LETTER**

TO: Registration Security Division of Corp			
SUBJECT: 2E	MADJETIME (Name of Limi	ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t	-	
	MILTON	(Name of Person)	
	RIE MAR	(Firm/Company)	
	335 MADO	DCH ST (Address)	
	WEST PALM	(City/State and Zip Code)	33405
For further information co	oncerning this matter, please ca	all:	
MILTON M (Name o	of Person)	at (954) 415-6 (Area Code & Daytime T	3 2-6 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
- 2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Zip Code)

mited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	ager anaging Member			
<u>Title</u>	<u>Name</u>	Address	Type of A	ction
			Add Remove	;
			Add Remove	;
			Add Remove	:
			Add Remove	;
/	/		Add Remove	
			Add Remove	
D. If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	AND B	
			AMID: 3	- Control of the Cont
Dated	2/3/09	,		
	MILTON	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00