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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ACFN of ORLANDO, LLC (Name of Limited Liability Company)		
(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:		
Veronica Valdez (Name of Person)		
ACFN of ORLANDO UC (Firm/Company)		
PO Box 616958 (Address)		
Orlando, Fr 32861 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Veronica Valdez at (407) 448-0216 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$560.00 Filing Fee, 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**

ACFN OF OPLANDO, LLC	17 to 10 to
(Present Name) (A Florida Limited Liability Company)	7 7
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	PH +: OH
FIRST: The Articles of Organization were filed on September 8, 2004 and assigned document number L04,00066925	DA F
SECOND: The following amendment(s) to the Articles of Organization was/were adopted be liability company:	
the mailing address and street address of the principal office of the mailing Address: PO Box 616958, Orlando, FZ 32861 Mailing Address: PO Box 616958, Orlando, FZ 32861 Street Address: 7380 Sandlake Road, Suite 500, Orlando Street Address: 7380 Sandlake Road, Suite 500, Orlando Ticle III - Registered Agent, Registered Office & Registered The name and the Florida street address of the registered of the name and the Florida street address of the registered of Veronica Valdez T380 Sandlake Road, Suite 500, Orlando, FZ 328	agentare;
Dated October 20, 2004.	
Signature of a member or authorized representative of a member	
VERONICA VALDEZ_ Typed or printed name of signee	

Filing Fee: \$25.00