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COVER LETTER

TO: Registration Section Division of Corporations							
SURJECT: ARMSTRONG + ASSOCIATES, LLC							
SUBJECT:	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:							
	WILLIAM R. ARMSTRONG Name of Person						
	Name of Person ARMSTRONG + ASSOCIATES, LLC Firm/Company						
	210 SUTTON STREET Address						
	Address						
	ROCKLEDGE, FL 32955 City/State and Zip Code						
,	E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please call:						
WILLIAM	ARMSTRONG at (321) 544, 4657 Of Person Area Code & Daytime Telephone Number						
Name	of Person Area Code & Daytime Telephone Number						
Enclosed is a check for	ha fallaufna amaunt						
\ <i>\</i>	•						
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	sed)					

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**

ARMSTRONG & ASSOCIAT	res, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our rec	ords.)
The Articles of Organization for this Limited Liability Company were	e filed on July 08,	2005 and assigned
Florida document number <u>L05000067513</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
N/A		
The new name must be distinguishable and end with the words "Limited L. "L.L.C."	iability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		FE
	<u></u>	
		7 7
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		ुं ज
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records	, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida s	street address
Ci		lorida
New Registered Agent's Signature, if changing Registered Agent:	iy	Lip Code
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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. N/K

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael E Miller	5465 Sand Lake Dr Mel Boupne, FL 32934	Add Remove
MGR	WAYNE ARMSTRONG	2172 SANDALWOOD DRIVE MELBOURNE, FL 32935	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
_			
Dated	Wilhain Signature of a member	or authorized representative of a member	
	WILLIAM	M R. ARMSTRONG or printed name of signee	1 No. 2 No.

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Filing Fee: \$25.00