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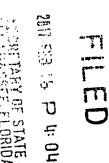
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COVER LETTER

TO: Registration Se Division of Cor			
Tuckaway	Shores Resort Development, LI	LC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael McPhillips		
		Name of Person	
	Tuckaway Shores Resort D	Development, LLC	
		Firm/Company	
	1575 Worley Ave		
		Address	<u> </u>
	Merritt Island, FL 32952		
	******	City/State and Zip Code	
	bam78@aol.com		
	E-mail address: (1	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
Beth Maynes		321 591-5675 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our record Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on October 4, 2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Just Saying, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1575 Worley Ave	
Principal office address MUST BE A STREET ADDRESS)	Merritt Island, FL 32952	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	is
		orida
	City	Zip Code

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 605, 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

U

Page 1 of 3

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Filing Fee: \$25.00