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Special Instruction	ns to Fil	ling Officer:		
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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Mode	rn Updates,LLC			
	(Name of Limite	d Liability Compa	ny)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	;.	
Please return all corresp	ondence concerning this matte	er to the following	:	
Timothy I	Mark Grover			
	(Name of Person)		
Modern L	Jpdates,LLC			
	(Firm/Company)		201
4 Tam O	4 Tam O Shanter Lane			2005 DEC -8 PM 4: 37
		(Address)		C I
Ormond	Beach, FL 3217	74		ය
	(City	State and Zip Code)	<u> </u>
For further information	concerning this matter, please	call:		: 37
Timothy Mark	Grover	at (386	316-73	09
(Name	of Person)	(Area Code	& Daytime T	elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	7	\$160.00 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	Registration Division Clifton B	ourier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Modern Updates,LLC (Must end with the words "Limited Liability Company, "Limited	1 Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Compa	my is	3:
Principal Office Address:	Mailing Address:		
4 Tam O Shanter Lane	Timothy Mark Grover		
Ormond Beach, FL 32174	4 Tam O Shanter Lane		
	Ormond Beach, FL 32174		
The name and the Florida street address of the registered agent are: Timothy Mark Grover Name		2005 DEC -8	DIVISION OF CORPORAT
4 Tam O Shanter Lane Florida street address (P.O. Box NOT acceptable)			200
Ormond Beach, FL 32174 City, State, ar	<u>FL</u>	⊒E 	ORATION
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	accept service of process for the above stated la his certificate, I hereby accept the appointment I. I further agree to comply with the provisions	t as s of a n and	ıll

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mer	mber
MGR	Timothy Mark Grover 4 Tam O Shanter Lane
	Omond Beach, FL 32174
MGRM	William E. Peet Sr.
	10340 NE 218 Lane Rd.
	Ft. McCoy, FL 32134
M	- 8 CO.
	RPFS
	r. Allow
	31 =
(Use attachment if necessar	y)
RTICLE V: Effective date, if other	er than the date of filing: (OPTIONAL)
f an effective date is listed, the da or 90 days after the date of filing	te must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	E:
	2 1 24 1

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Timothy Mark Grover

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)