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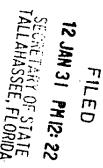
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## **COVER LETTER**

TÒ:	Registration  Division of	n Section Corporations	•	
SURT	ECT:	MARK AND SAT	IER MANAGEMENT LLC	
0000		Name of Lim	nited Liability Company	-
The en	aclosed Articles	s of Amendment and fee(s) are su	abmitted for filing.	
Please	return all corre	espondence concerning this matte	er to the following:	
			BORIS WALZER Name of Person	_
			Name of Person	
MARK ANI		MARK ANI	D SATIER MANAGEMENT LLC	<del></del>
			Firm/Company	
7		7	7736 INDUSTRIAL RD	
			Address	·
		M	IELBOURNE FL 32904	
			City/State and Zip Code	_
		MAN	IDS_LLC@YAHOO.COM	
For fu	rther information	E-mail address: on concerning this matter, please	(to be used for future annual report notification) call:	
		ODIC WALZED	at ( 321 ) 604 1800	
BORIS WALZER  Name of Person			at ( 321 ) 604 1800  Area Code & Daytime Telephone Numb	er
Enclos	ed is a check fo	or the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	illing Fee, cate of Status & ed Copy onal copy is enclosed)
	Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, 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

MARK AND SATIER MANAGEMENT LLC

FILED 12 JAN 31 PM 12: 22

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Comparing Florida document numberL06000010119	ny were filed on01/31/2006 and assigned		
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and end with the words "Liu"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	7736 INDUSTRIAL ROAD		
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE FLORIDA 32904		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:		
Name of New Registered Agent:			
New Registered Office Address: 773 (	Enter Florida street address		
Melb	OUTIL , Florida 32904 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 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 = Manager

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