L0600072744

| (Re | equestor's Name) | | | |
|--------------------------|-------------------|-----------|--|--|
| (Ac | idress) | | | |
| (Ac | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
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TALLAHASSEF, FLORIDA

COVER LETTER

| | Registration Section Division of Corporations |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJEC | CT: Soma, LLC (Name of Limited Liability Company) |
| The encl | osed Articles of Amendment and fee(s) are submitted for filing. |
| Please re | eturn all correspondence concerning this matter to the following: |
| | (Name of Person) |
| | (Name of Person) The Andersen Firm (Firm/Company) |
| | 1200 Plantation Island Ar. South, Suite 220 (Address) |
| | St. Augustine, FL 32080 (City/State and Zip Code) |
| For furth | er information concerning this matter, please call: |
| | Kevin Kane at (904) 471-5040 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed i | is a check for the following amount: |
| \$25.00 | Filing Fee \$\ \text{S50.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

| | (A Florida Limited Liability Company) | | |
|---------|--------------------------------------------------------------------------------------|---------------------|---------|
| | | | |
| FIRST: | The Articles of Organization were filed on document number L06000072744 and assigned | | |
| SECOND: | This amendment is submitted to amend the following: | | |
| | Article I: Therane of the Limited Liebility Companyis: Somak | ,LLC_ | |
| | Article II: The street address of the principal office of the Limited Li | induitify. | |
| | Company is 5658 North Oceanshore Blad., Pala Coast, FL 32137. The | <u>ensiling</u> | |
| | address of the Limited Liability Company is 5658 North Oceanshore | Blud. | |
| | Palm Coest, FL 32137. | <u>-</u> | |
| | Article IV: The name and address of the manager is: | 50 | |
| | Manager | ECR | |
| | Kevin Keith | TAH AAS | green g |
| | 106 Dory Rd. | PH PH | |
| | St. Augustine, FL 32086 | 12: 3 STA LOR | |
| Dated | October 3 2006 | DE. | |
| | William | | |
| | Signature of a member or authorized representative of a member | | |
| | Kevin Kane | ··· | |
| | Timed or printed name of signer | | |

Filing Fee: \$25.00