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Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATURAL HABITAT CABINS AND COTTAGES LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATURAL HABITAT CABINS AND COTTAGES LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was 08/24/2006


SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

**HEREBY THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL
OFFICE OF THE LIMITED LIABILITY COMPANY IS CHANGED TO 35344 SARAH
LYNN DR APT 104 DADE CITY, FL 33525.**

**HEREBY THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS
CHANGED TO 35344 SARAH LYNN DR APT 104 DADE CITY, FL 33525.**

**HEREBY THE ADDRESS OF THE MANAGING MEMBER LEONID ELT IS CHANGED
TO 35344 SARAH LYNN DR APT 104 DADE CITY, FL 33525.**

Dated AUGUST 30TH, 2006


Signature of a member or authorized representative of a member

LEONID ELT

Typed or printed name of signer

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Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Leonid Eit
Registered Agent

8/30/06

Date

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