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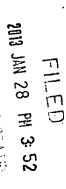
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N. Culligan JAN 2 9 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FEDERATION, LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JEANNET ST. CLAIR Name of Person	
FEDERATION LLC	
5600 W. Colonial DR.	
ORIAN do, FL 32808 City/State and Zip Code	,
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TEANNET ST. CIAIR at (401) 516 - 2892 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\text{Certificate of Status}\$	d)

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

ARTICLÉS OF AMENDMENT 2013 JAN 28 PH 3: 53 TO

ARTICLES OF ORGANIZATION SHOW TANY OF STATE TALLAHASSIE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on 10/06/2006 and assigned Florida document number 206000 97782 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5600 W. Colonial DR Ste 202 ORIANDO, Fi 32808 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 0404 Merriewood DR ORIANDO Fi 32818 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

EANNEL ST. CLAIR Name of New Registered Agent:

Civo Civo DR

Enter Florida street address

PRIANDO Florida PR 32818

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DAVE B. HOWELL	6800 Cembass Ador DR	Add
		ORIAndo, FL 32818	Remove
MGRM	JEANWET ST CLAIR	6404 Merriewood DR	
		ORIANDO, FL 32818	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
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