106000 112664

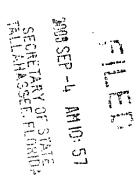
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000135277340

09/04/08--01015--021 **25.00



T. CLINE

SEP - 5 2008

EXAMINER

COVER LETTER

TO: 1	Registration Section Division of Corporations
SUBJEC	Marc Roads 110
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Willian Hendrickson (Name of Person)
	WKHENDRICKSONLLC (Firm/Company)
	4842 Sapph Ave.
	Tackconville FL. 32205 FG (City/State and Zip Code)
For furth	er information concerning this matter, please call:
<u>()</u>	(Name of Person) at 904 910 3576 35 (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
\$25.0	0 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

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

Mega B.	rands	110	
(Name of the Limited Liability (A Florida	ty Company as it Limited Liability	now appears on our Company)	records.)
The Articles of Organization for this Limited Liability	Company were f	iled on <i> </i>	2006 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	SON L	-LC	
The new name must be distinguishable and end with the work.L.C."	ords "Limited Liai	bility Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			(1) Tail
(Principal office address MUST BE A STREET ADD	RESS)		产品 岩
			American Company
			92
Enter new mailing address, if applicable:			ma E
Mailing address MAY BE A POST OFFICE BOX)			100 5 ·
			E 5
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office ad dress here:	ldress on our reco	ords, <u>enter the name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
			, Florida
	(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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	 .		Add Remove
	.		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	<u> </u>
_			
Dated			
<u> </u>	William Hendo	ickba	
	Signature of a mer	mber or authorized representative of a member	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00