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(Requestor's Name)				
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SECRETARY OF STATE

COVER LETTER

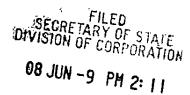
TO: Registration Se Division of Co					
SUBJECT: Blake 8					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	André C. McAden				
		(Name of Person)			
Blake & Associates Small Business Services, LLC					
(Firm/Company)					
		(Address)			
	Lauderhill, FL 33351				
		(City/State and Zip Code)			
For further information c	oncerning this matter, please c	all:			
André C. McAden		at (954) 495-8302			
(Name of Person) (Area Code & Daytime Telephone Number)			elephone Number)		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 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



Blake & Associates Small Business Services, LLC (Name of the Limited Liability Compa (A Florida Limited I)				
The Articles of Organization for this Limited Liability Company were filed on 20, March 2007 and assigned Florida document number L07000030258						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	14833 NE 20th Ave.					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	4846 N. University Dr.					
(Mailing address MAY BE A POST OFFICE BOX)	#431					
	Lauderhill, FL 33351					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: (Enter Florida street , Florida	address)				
	(City)	(Zip Code)				
New Desistened Agent's Cignothus if shouning Desistened Agent.						

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 = Ma MGRM = M	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	 		Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
 Dated	JUNE , 200	o8 .	_
	Signature of a member	or authorized representative of a member	
	Mc JOEN, LUDIE (Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00