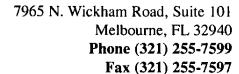
,				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
·				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNI				
APR 30 2008				
EXAMINER				

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04/28/08--01012--024 **25.00





Florida Department of State:

I have attached the forms to change the information concerning my LLC. Company. Please process and advise of change completed.

Thank you;

Peter L. Benvenuto

321-255-7599 ph

321-255-7597 fx

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 Pq	C, LLC		. <u></u>	
(<u>Name of the Limited</u> (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited L	iability Company were filed on	18-2007	and assigned	
Florida document number \(\int 070000\)	23947			
This amendment is submitted to amend the folk	owing:			
A. If amending name, enter the new name of	f the limited liability company here:			
The new name must be distinguishable and and wi	th the words "Limited Liability Company"	" the destruction "PI	C" or the abbreviation	
The new name must be distinguishable and end wit "L.L.C."	in the words. Elimited Elability Company,	7	C of the above various	
		AHA 1736 1814	* }	
R If amending the registered agent and	or registered office address on our	recording white Colu	name of the new	
B. If amending the registered agent and/or registered office address on our records, enterwhe name of the new registered agent and/or the new registered office address here:				
		SI FLO	O	
	$\nabla \cdot \cdot \cdot \cdot \cdot$	32 H		
Name of New Registered Agent:	teter benvenu	utosm =		
	1177 (1)(1)(1)(1)	or Dr		
New Registered Office Address:	(Enter Florida street address)			
(Emer Florida street address)				
	MUDOURNE	, Florida <u> </u>	3444 <u>()</u>	
	(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 Chaffging 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	Peter Benvenuto	7965. N. Wickham Rd*101 Melbourne, FL 32940	Add Remove		
MGRM	Peter Benvenuto	1177 WildFlower Dr. Melbourne, FL 32940	Add Remove		
		SECRETARY OF STATE TALLAHASSEE. FLORIDA	Add Remove Remove Add Remove Add Remove		
D. If amendin	ag any other information, enter change(s) have (Attach additional sheets if necessary)	Add Remove		
Dated	ord 34th, 200	r authorized representative of a member			
	PETER L. Benu Typed or	printed name of signee			

Page 2 of 2

Filing Fee: \$25.00