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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: The Florida Mech grap IlC (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: |
| Terry Bohannon (Name of Person) |
| TAKE TAKE |
| (Firm/Company) 59 PACES Landing DASSEE, FLORE 3: (Address) Newnan (-A 30263 City/State and Zip Code) |
| (Address) |
| Newnan (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Person) at (678 637 - 9726 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301

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

| (Name of the Limited L (A F | iability Company | Mech | Q Q ov | | <u>_</u> | | |
|---|--------------------------------------|----------------------------|------------------|-------------|---------------------------------|------------|--|
| (A F | Iorida Limited Lia | ability Company) | | -1 | 2 | | |
| The Articles of Organization for this Limited Liab Florida document number O O U This amendment is submitted to amend the follow | oility Company v 20415 | vere filed on | 12-4- | 200FAHASSI | 009 ign 22 and ign 32 TAR | ed-N | |
| This amendment is submitted to amend the follow | ving: | | | EE, FLO | PM 3: 00 | | |
| A. If amending name, enter the new name of t | he limited liabil | ity company he | <u>re</u> : |)RIDA | 3: 00 STATE | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limite | d Liability Comp | any," the design | ation "LLC" | or the abbr | eviation | |
| Enter new principal offices address, if applicab | le: | 919 | <u>s,w,</u> | 23 Rd | Por | <u>d</u> | |
| (Principal office address MUST BE A STREET | ADDRESS) | mia | <u>mi,</u> | El 3 | 33129 | 1 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>0X)</u> | લ (૧ ∞ :« | s, w, | 23 ed | 5°× | <u>.)</u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | our records, | enter the i | name of t | he new | |
| Name of New Registered Agent: | Ter | <u>- ~ ~</u> | Boh | ۹۸۸۱ | <u> </u> | | |
| New Registered Office Address: | Terry w Bohannon 919 s.w. 23ed Road | | | | | | |
| (Enter Florida street address) | | | | | | | |
| | <u></u> | <u>.m'.</u> | , Flor | | | | |
| | | (City) | | | Zip Code) | | |
| New Registered Agent's Signature, if changing Re- | vistered Avent | | | | | | |

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 = Mans MGRM = Ma | ager anaging Member | | |
|-------------------------|--|--|----------------|
| Title | <u>Name</u> | Address | Type of Action |
| MERM | Terry Bohanson | 919 S.W. 23-d P.ad miami 1 Fl 33129 | Add Remove |
| <u>MGRM</u> | Authory Crucet | 919 5.V. 23 D Road | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary, | ~ |
| Dated | | or authorized representative of a member The printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00