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COVER LETTER

10:	Registration Section Division of Corporation	ons
SUBJE	CT·	WHAT MAKESA COUPLE, COM, LLC
SCEC	<u></u>	Name of Limited Liability Company
The end	losed Articles of Amend	ment and fee(s) are submitted for filing.
Please r	eturn all correspondence	concerning this matter to the following:
		Richard J. Graco Name of Person
		Name of Person
	•	
		Firm/Company
		3168 Arden Circle
		Address
		Address Melbourne, FL 32934 City/State and Zip Code Areco italine yahoo icom E-mail address: (to be used for future annual report notification)
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For furt	her information concerni	ng this matter, please call:
	\sim .	
	Name of Person	J. Greco at (321) 215-1236 Area Code & Daytime Telephone Number
	ľ	·
Enclose	ed is a check for the follo	wing amount:
\$25	.00 Filing Fee	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED 12 MAY 21 PM 12: 12 SECKETABY OF A

WHATMAK	ESACOUPLE.COM,	LLC	OFSTAIR
(<u>Name of the Limited Liabili</u> (A Florida	ESACOUPLE.COM, ty Company as it now appear a Limited Liability Company)	s on our receives ISE	E, FLORIDA
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	12/12/2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	e:	
The new name must be distinguishable and end with the w	SICBYROMANCE	E, L.L.C.	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street ad	dress
		, 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 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

	<u>Name</u>	Address	Type of Acti
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			Add Remove
			lead of the state
			
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amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if n	ecessary.)
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