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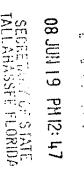
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration So Division of Cor	ection porations	·	
SUBJECT: Vi	Ve Election (Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mario	Rahmina (Name of Person)	
	<u> </u>	E Electronics (Firm/Company)	
	12880	Automabile Blied. (Address)	Svite 6
	Cleanund	(City/State and Zip Code)	2
	concerning this matter, please concerning the please concerning this matter, please concerning the please conc	all: at (727) 565-79 (Area Code & Daytime T	79≤ Pelephone Number)
Enclosed is a check for t	he 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)
		•	

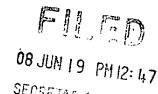
MAILING ADDRESS:

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



iability Company as it now appears on our records. (A Florida Limited Liability Company) Florida document number LØ7008/23957. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Blake Russell Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Blake Russell	12880 Automobile Blue Svite G Character, FL 33762	Add Remove
MCR	- Tour States	-12880 Automobile T	Add
			Remove
MGR	Tim Stokes	1534 Wexford Dr. N Palm Howbor, FL 34683	Add Remove
	•		Add Remove
			Add Remove
	·		Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY TALL AND ASSI
_			PH 12: 47 OF STATE OF STATE
Dated	Signature of a member	r or authorized representative of a member	
	Mario R	or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00