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EXAMINER



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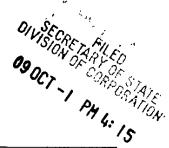
COVER LETTER

TO:	Registration Secu Division of Corp				
SUBJE	ECT:	We	Shelte	er You, LLC	
			Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment a	and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence conce	erning this matter	to the following:	
			Davio	Name of Person	<u></u>
				Name of Person Netter You All Firm/Company	
			P.O.	30× 963 Address	
			ElFer	S F1. 3468	<u>so</u>
		· · · · · · · ·	E-mail address: (b	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	J. LOM
For fur	ther information co	ncerning this	s matter, please ca	all:	
D	Name of	Person	burd	at (727) 967-8 Area Code & Daytime T	elephone Number
Enclos	ed is a check for the	e following a	amount:	·	
\$25	5.00 Filing Fee		Filing Fee & Teate 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



We She Her You, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 7,2008 and assigned Florida document number L0800000 Z372

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)

P.O. Box 963

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:

Name of New Registered Agent:

New Registered Office 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 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>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			_
ated	<i>(</i>	s. Jell	
	Signature of a member	r or authorized representative of a member H > bb or cl or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00