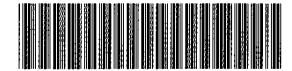
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SECRETARY OF STATE
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EXAMINER

COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRED SASSO				
(Name of Person)				
AMERICAN Business Associates				
(Firm/Company)				
420 U.S. Hwy / Scitz 23				
(Address)				
North Palm Beach, FC 33410				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Fred SA	550	at (561) 844- C	15-4		
(Name	of Person) the following amount: \$\sqrt{1}\$30.00 Filing Fee &	(Area Code & Daytime	Telephone Number) ALCRETARY S60.00 Filing Feet 0	2008 APR 1 1	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Statistic Certified Copy (additional copy in Encl		

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

JAND CIM		<u> </u>		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apported Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>Lo8000/92</u>		2/22/08	and assigned	i
This amendment is submitted to amend the following	ng:			
A. If amending name, <u>enter the new name of the</u>	e limited liability company h	<u>iere</u> :		
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address or			
Name of New Registered Agent: New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	2008 API SECRE TALLAH	
	(Enter Florida street add	Ires AR	-
New Registered Agent's Signature, if changing Regis	(City)	, Florida	Y OF CORIDA	_m

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

MGRM = Mai	naging Member		
<u>Title</u>	Name	Address	Type of Action
MENAGING Mender	CARla Bodington	12619 SE OUD CURRES DE HOBE SOUND, FL 3345	Add Remove
Managing inon, bu	FRED SASSO	13895 EAST DOINTE WAY P.B.G., FL 33418	Add Remove
			Add Remove
· ·			Add Remove
		•	Add Remove
			Add Add Remove CCRE AP
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	R III
·			AM 11: 00 OF STATE OF STATE
Dated	200	2145a	_
_	CARLA BODIASTON	or authorized representative of a member FRED 6 SASSO or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00