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## **COVER LETTER**

TO: Registration S Division of Co	ection rporations	,	
	SOPHE	ALL (PRODUCTE)	110
SUBJECT:	(Name of Lim	NU (PRODUCTS) ited Liability Company)	AAL
	(1.4		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Name of Person)	<del> </del>
2	S <sub>0</sub>	ftern (Products) (Firm/Company)	rrc.
	7 E	enwill Place (Address)	<u></u>
·	Boy	City/State and Zip Code)	26
For further information of	concerning this matter, please c	all:	
Dawn (Name	Mayort is	at (561) 603-210 (Area Code & Daytime Tel	lephone Number)
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	JING ADDRESS: ration Section	STREET/COURIER A Registration Section Division of Corporation	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PHENU (PRODUCTO	
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab		$\frac{2}{3,2008}$ and assigned
Florida document number LOS0000 224	<u> 146</u> .	7.0 8
This amendment is submitted to amend the following	ing:	08 HAR -6 P SECRETARY TALLAHASSE
A. If amending name, enter the new name of th	e limited liability company here:	mog is a
SOFTE The new name must be distinguishable and end with the	VU (PRODUCTS) L	PHIZ: 38
The new name must be distinguishable and end with the 'L.L.C."	he words "Limited Liability Company," the	designation "LLC" of the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the ne</u> v
Name of New Registered Agent:	n/A	
New Registered Office Address:	n/A	
	(Enter Florida street address)	
_	, 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 MGRM = Managing Member					
<u>Title</u>	· <u>Name</u>	Address	Type of Action		
	<del></del>		Add Remove .		
			Kemove		
			Add Remove		
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			Add		
			Remove		
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			Add Remove		
D. If ame	ending any other information, enter chang	e(s) here: (Attach additional sheets, if necessar			
· -		•	OSHAR-6		
_			PHIZ: 35		
			35 		
Dated	March 4, 20	08.			
	Signature of a member	r or authorized representative of a member			
	<del>-</del>	N Augustine or printed name of signee			
•	Typed	or printed name of signee			

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Filing Fee: \$25.00