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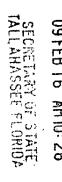
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Special Instructions to	Filing Officer:			
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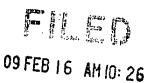
COVER LETTER

TO: Registration Se Division of Cor					
cursus Cosmo	e Associates II C	•	_		
SUBJECT: Cosmos Associates, LLC. (Name of Limited 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:			
	Juan J. Bedoya				
		(Name of Person)			
	Cosmos Associates, LLC) .			
		(Firm/Company)	 		
	63 Via De Casas Norte				
		(Address)			
	Boynton Beach, Florida 3	33426			
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	alt:			
Juan J. Bedoya		at (561) 7167120			
(Name	of Person)	(Area Code & Daytime T	elephone 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)		
MAII	ING ADDRESS:	STREET/COURIER	ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cosmos Associates, LLC.

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 13, 2008 and assigned Florida document number L08000026563 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MEKANIKA CONSULTING, LLC 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: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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 remôved from our records:

MGR = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		— ~
	······································		"
	*		Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	sary.)
Tr	ne only amendment is the change of nam	ne. Thank you.	T. 0
_			O9 FEB
Dated Febr	ruary 13 , \2009		B 16 AM IO: 26 HASSEL FLORIDA
		er or authorized representative of a member	MIO: 26
		or authorized representative of a monitoer	
	Juan J. Bedoya	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00