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SECRETARY OF STATE
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PRODUCTION PLAN-IT LLC					
(Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Imelda Vasquez					
(Name of Person)					
Legalzoom.com, Inc.					
(Firm/Company)					
100 W. Broadway Suite 100					
(Address)					
Glendale, CA 91210					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Imelda Vasquez at (323) 962-8600 ext 7950					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \t					
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**

PRODUCTION PLAN-IT LLC			
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our recorda Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 05/23/2008	and assigned	
Florida document number <u>L08000051715</u>			
This amendment is submitted to amend the following	ng;		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the design	gnation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
-	, Flo	orida(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent;		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	oer and complete performance of my duties red agent as provided for in Chapter 608, istered office address, I hereby confirm th	s, and I am familiar with and F.S. Or, if this document is at the limited limiting	

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>	<u>Address</u>	Type of Action
M <u>GRM</u>	Heather Bodington	2100 Van Buren Street Loft 508 Hollywood, FL 33020	Add Remove
MGRM	Richard J. Bodington	2100 Van Buren Street Loft 508 Hollywood, FL 33020	Add Remove
MGRM_	Heather Bodington	3975 SW 56th Terrace Davie, FL 33314	✓ Add □ Remove
MGRM	Richard J. Bodington	3975 SW 56th Terrace Davie, FL 33314	Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
	Please amend business address	s in Article II to the following:	_
	3975 SW 56th Terrace		_
	Davie, FL 33314		_
			-
Dated	August 6.	ember of authorized representative of a member	
		Heather Bodington Typed or printed name of signee	
		i ypes or printed name or argine	

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Filing Fee: \$25.00