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ALLAHASSEF FINBIN

J. BRYAN
NOV 2 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Steve Miscrassow, LCC Name of Limited Liability Charpany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following: Steve Mscange Name of Person
Firm/Company 13133 Sant Prine Lave Address Clex most fl 347// City/State and Zip Code Steven Charton early Corp. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Miscrafico at (352 874-6638 Name of Person at (352 874-6638 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ (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

(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 Lia	ability Company were filed on	-14-2008 and assigned	
Florida document number Lo8000		SECTION TO	
This amendment is submitted to amend the follow	wing:	理るに	
A. If amending name, enter the new name of	MSCIAGNO, LL	C Programme	
The new name must be distinguishable and end with "L.L.C."	the words "Lin kle d Liability Company,	"the designation "LLC" or the abbre lation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>SOX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new	
Name of New Registered Agent:	****		
New Registered Office Address:	Futou	Florida streat addrage	
	Enter Florida street address		
	City	, Florida 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.

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
	.		Add Remove
			AddRemove
			T D amauu
D. If ame	nding any other information, enter	change(s) here: (Attach additional sheets, if	10 NOV 19 AH 11: 53 10 NOV 19 AH 11: 53 ALLAH SSEE, FIORID
Dated	1/- 15 , spature of a p		
	Stephen	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00