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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TREASURE COVE BUSINESS CENTER, LLC

(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 Liability Company were filed on _____ and assigned
Florida document number L09000006081.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: TAMI RUSSELL

New Registered Office Address: 5117 COMMERCIAL WAY

(Enter Florida street address)

SPRING HILL, Florida 34606
(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.

Tami Russell
(If Changing Registered Agent, Signature of New Registered Agent)

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OF STATE
FLORIDA

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:

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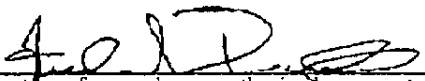
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	FRED RUSSELL	5117 COMMERCIAL WAY SPRING HILL FL 34606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TAMI RUSSELL	5117 COMMERCIAL WAY SPRING HILL FL 34606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PHILIP R CORNICK	5140 W HURLEY POND RD WALL TOWNSHIP NJ 07727-1605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 01, 2009



Signature of a member or authorized representative of a member
Fred Russell

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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