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SECRETARY OF STATE

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COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUBJECT:	TRAFFICM	TRAFFICMAX LLC		
	(Name of Lim	nited Liability Company)		
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.		
Please return all cor	respondence concerning this matter	r to the following:		
		JEAN-MIXON RENE		
(Name of Person)				
	M A	ND M TRAFFIC SCHOOL LLC		
		(Firm/Company)		
1623 NE 3RD COURT				
		(Address)		
	воу	'NTON BEACH, FL 33435		
		(City/State and Zip Code)		
For further informa	tion concerning this matter, please	call:		
JEA	N-MIXON RENE	at (561) 452-6601		
(Name of Person)		(Area Code & Daytime To	elephone Number)	
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe	ee ■\$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)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER Registration Section Division of Corporatio Clifton Building		
Tallahassee, FL 32314		2661 Executive Center	Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAFFICMAX LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on FEBRUARY 20TH, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
M AND M TRA	FFIC SCHOOL LLC
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	77
	(Enter Florida street address) 9
New Registered Agent's Signature, if changing Registered Agent:	(City) SS(Zip Code) SS(Zip Code) SS(Zip Code)
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pro-	e to act in this capacity. I further agree to comply with ete performance of my duties, and I diffigiantliar with and

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 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	ary.)
_			
			99 MAR -
Dated 1	Namy 28 20	209. Dag	6 AM
	Signature of a member	r or authorized representative of a member	8; OT STATE CORIDA
		I-MIXON RENE I or printed name of signee	——————————————————————————————————————
	i yped	i or bruited name of signee	

Page 2 of 2

Filing Fee: \$25.00