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T. CLINE **EXAMINER**

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	_{ст.} А	bundance	Alliance LLC) -	
SCECE	U	Name of Limi	ted Liability Company		
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		Yevseniya	Fredericks ew Name of Person		
				2009 JUN -5 AM II: 12 SECRETARY OF STATE TALLAHASSEE. FLORID	****
			Firm/Company	部里	*********
		30 Poppe	Address	ARY ASSE	
		0 /	Address	E.P.	, , ,
		Palm Coa	st, F1 32169	STATE STATE	
	•	Y fredering E-mail address: (Address St, F1 32169 City/State and Zip Code Cls ew a gmail to be used for future annual report notification.	· com)
For furt	her information	concerning this matter, please of			
Your	PACINA	Fredericksen	at (407) 222-8 Area Code & Daytime T	877	
100	Name	of Person	Area Code & Daytime T	elephone Number	
Enclose	d is a check for	the following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	1)
	Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIED Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Abundance A	Alliance LLC	
(Name of the Limited Lis (A Flo	bility Company as it now appears on our orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L'090001836</u>	lity Company were filed on <u>Februa</u>	
This amendment is submitted to amend the following	ng:	,
A. If amending name, enter the new name of th		
Florida Balloons at The new name must be distinguishable and end with the	nd Promotions L	LC = =
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the	designation "Letter or the abbreviation
Enter new principal offices address, if applicabl	e:	ASS -
(Principal office address MUST BE A STREET A	(DDRESS)	mo In
		70 3 0
		ATE ORIG
Enter new mailing address, if applicable:		> 10
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
,		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
_		_, Florida
	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.

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 removed from our records:

<u>Title</u>	Name	Address	Type of Action
	Yevseniya Fredericksen (NO+ MGR)	30 Pobry LN Palm coast, F1 32169	Add Remove
<u>ngrm</u>	Alena Zelenova (NOT MGR)	30 Poppy dn Palm coast, Fl 32/64	Add Remove
			Add Remove
			AHE And ASSESSED Remove
			P. F. S. Adet Remove
			Add
D Ifomand	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary	 :.)
D. II amend			
			
	Tune 2, 200	29	

Page 2 of 2

Filing Fee: \$25.00