

Division of Corporations

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109000021491

Florida Department of State

Division of Corporations

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Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

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CHARLES COVE, LLC

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August 18, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHARLES COVE, LLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618US

SUBJECT: CHARLES COVE, LLC
REF: L09000021491

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections: refile the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H09000183594
Letter Number: 009A00027923

RECEIVED
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TALLAHASSEE, FLORIDA

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

CHARLES COVE, 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 03/04/2009 and assigned
Florida document number L09000021491

This amendment is submitted to amend the following:

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

MIDNIGHT MISSIONS, LLC

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)

1171 GLENNWOOD TRAIL

DELAND, FL 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1171 GLENNWOOD TRAIL,

DELAND, FL 32720

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:

New Registered Office Address:

Enter Florida 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:

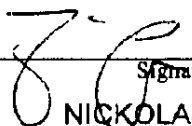
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANIEL JONES	1171 GLENNWOOD TRAIL, DELAND, FL 32720	<input checked="" type="checkbox"/> Add <input 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
			<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 8/17/, 2009


Signature of a member or authorized representative of a member
NICKOLAS SPRADLIN AUTHORIZED REPRESENTATIVE
Typed or printed name of signee

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