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SECRETARY OF STATE

T. HAMPTON

JUN - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LJM Solutions 4C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lavren Maresco Name of Person
LJM Solutions LLC Firm/Company
545 Vincinda Crest way
City/State and Zip Code Laven Maresco Chot Nail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 619 6923 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(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 OF

LJM So	lutions	UC		
(Name of the Limited Lial (A Flo	pility Company as ida Limited Liabilit	it now appears on our y Company)	r records.	
The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Liabilification	ity Company were	filed on May	8,2009_ and assi	gned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability o	ompany here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Li	ability Company," the	designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)		09	
			<u></u>	SION
			- - - -	FIL
Enter new mailing address, if applicable:			-0	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		••	
	-		<u></u>	-5 #
B. If amending the registered agent and/or r registered agent and/or the new registered office	•	address on our rec	ords, <u>enter the name of</u>	f the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	ida street address	
	, Florida			
	Cit	y	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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mor</u> m	Jeffrey Giles	SYS VINCIPAL CHEST WAR	Add Remove
			Add Remove
.			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
 Dated	U/3/ ,200	9	SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JUN -8 PM 1:51
-	Signature of a member	or authorized representative of a member	
	Lauren VI	or printed name of signee	

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Filing Fee: \$25.00