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T. HAMPTON

OCT 2 3 2009

EXAMINER

COVER LETTER

TO: Registr Divisio	ation Section • n of Corporations	•	. ,
SUBJECT:	MACRO TF	RANSACTION LLC	
	Name of Limi	ited Liability Company	
The enclosed Ar	MACRO TRANSACTION LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Iterate return all correspondence concerning this matter to the following: JERRY BAKERJIAN, ACCOUNTANT		
Please return all	correspondence concerning this matter	to the following:	
	JERRY I		-
	BAKER	Abmitted Liability Company Abmitted For filing. BAKERJIAN, ACCOUNTANT Name of Person RJIAN & ASSOCIATES LLC Firm/Company E. ATLANTIC BLVD. S. 308 Address MPANO BEACH, FL 33062 City/State and Zip Code City/State	
		Firm/Company	
	2641 E		
		Address	
	POM		
	ha .	• • • •	
	E-mail address: (tion)
For further inform		call:	
	-	at (954) 94	43-1498
	Name of Person	Area Code & Daytime T	Celephone Number
Enclosed is a che	eck for the following amount:		
\$25.00 Filing		Certified Copy	Certificate of Status & Certified Copy
, , , , , , , , , , , , , , , , , , ,	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporati	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACRO TRANS	SACTION LL	С	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0900099251	were filed on	10/14/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company hei	<u>re</u> :	
MACRO TRANSA	CTIONS LLC		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		h//	
(Principal office address MUST BE A STREET ADDRESS)			SECR SECR O O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	\mathcal{N}	1	CT 22 PH 12: 26
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on (our records, <u>enter t</u> l	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	- A Ey	der Florida street addi	ress
	/ City	, Florida	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 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>Name</u>	Address	Type of Act
			Add Remove
			Add Remove
			Add
			Remove
			Add Remove
			Add
			Remove
			AddRemove
_			
amen	ding any other information, enter	change(s) here: (Attach additional sheets, if nece	ssary.)
_			SECRE PART VISION OF CO 09 OCT 22
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			PH 12: 25
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