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T. CLINE

APR 1 3 2010

EXAMINER

2010 APR 12 AM 11: 20 SECRETARY OF STATE

COVER LETTER

SUBJECT: EOUPUNKS LLC				
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:				
ALVARO ACEUEOO, EA				
ACEVEDO & ASSOCIATES L	2 P			
5 201 BLUE LA GOON DR	PH987			
MIAMI, FL 33126 City/State and Zip Code alvaro Que vedo as ociates E-mail address: (to be used for future annual report notifi	cation) ALCAR ARRA 2 TALLAR ARRA 3 TALLAR ARRA 3			
For further information concerning this matter, please call:	SEC 3 I			
ALVARO ACEUEDO, EA at (305) 716 - 4 Name of Person Area Code & Daytim	e 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}\$\$ (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

EDUPUNKS LLC		
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co		7 2009 and assigned
Florida document number <u>L0900010403</u>	6.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word 'L.L.C."	s "Limited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	70 2
		SECORET T
Enter new mailing address, if applicable:		SSS 7
(Mailing address MAY BE A POST OFFICE BOX)		T19. 3
		1. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
B. If amending the registered agent and/or registered agent and/or the new registered office addre		77
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida
	Cuy	zip Coae

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 **Title** <u>Name</u> <u>Address</u> Type of Action LIANA MATEUS MGRM Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LEON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00