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(Cit	ty/State/Zip/Phone	; #)
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SECRETARY OF STATE

C. LEWIS

NOV 1 7 2009

EXAMINER

то:	Registration Sect Division of Corpo	ion Prations		i.
	≪ p		•	
SUBJE	·CT·	Eternal (Currency LLC	
			ed Liability Company	
The end	closed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please i	return all correspond	lence concerning this matter t	to the following:	
			Michael Millington	
			Name of Person	
		-	· · · · · · · · · · · · · · · · · · ·	
			ternal Currency LLC Firm/Company	
		12096 AI	Lternate A1A Hwy-Suite	F1
			Address	· · · · · · · · · · · · · · · · · · ·
		Palm Bea	ich Gardens, FLorida 33	410
			City/State and Zip Code	
		Micha E-mail address: (to	el@EternalCurrency.org be used for future annual report no	tification)
For fur	ther information con	cerning this matter, please ca	11:	
	Michae Name of P	el Millington	at (_561)	723-4771
	Name of P	erson	Area Code & Dayt	ime Telephone Number
Enclose	ed is a check for the	following amount:		
\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & ed) Certified Copy (additional copy is enclosed)

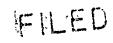
MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF



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(Name of the Limited (A	Eternal Currency LLC Liability Company as it now appears Florida Limited Liability Company)	on our records AH	TARY OF STATE ASSEE, FLORIDA
The Articles of Organization for this Limited Lia			
Florida document numberL09000106			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here	:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE I</u>	<u> </u>		
	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			<u> </u>
	Enter Florida street address		
		, Florida	
	City	-	Zin 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.

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Michael S. Millington	12096 Alternate A1A Hwy Suite F1 Palm Beach Gardens, Florida 33410	Add Remove
			Add Remove
,			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	
			
			2109 NOV
Dated	November 9,	 //	LET LARY OF ASSEE.
	_	ember or authorized representative of a member Michelle M Millington Typed or printed name of signee	3: 03 STATE

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Filing Fee: \$25.00