L100000/6775

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT APR 20 2010	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
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(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT	PICK-UP WAIT MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT	(Business Entity Name)
Certified Copies Certificates of Status Special Instructions to Filing Officer: A. LUNT	(Document Number)
Special Instructions to Filing Officer: A. LUNT	,
A. LUNT	Certified Copies Certificates of Status
A. LUNT	
	Special Instructions to Filing Officer:
APR 20 2010	A. LUNT
	APR 20 2010



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COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	Family	Savings, LLC		
			ted Liability Company		-
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Michael LaSala		_
			Name of Person		
IncSmart.biz, Inc.				_	
			Firm/Company		
	4421 Edward Ave.				77.5
			Address		TEAR T
		L	as Vegas, NV 89108		2010 APR 19 PH
			City/State and Zip Code		
		E-mail address: (nichael@incsmart.biz	ort notification)	FLORID
For fu	urther information	concerning this matter, please of	eall:		
		chael LaSala	at (_702)	334-0391	
	Name	of Person	Area Code &	Daytime Telephone Num	ber
Enclo	sed is a check for	the following amount:			
▼ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	Regisi Divisi	LING ADDRESS: tration Section on of Corporations 30x 6327	Registration	Corporations	:

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMILY SA'	VINGS, LLC	rs on our records.)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	,	
The Articles of Organization for this Limited Liability Company	y were filed on	02/12/2010	and assigned
Florida document numberL10000016775			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	e:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	iny," the designation "	
Enter new principal offices address, if applicable:			7010
(Principal office address MUST BE A STREET ADDRESS)			P T
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			and the Park Inc.
New Registered Office Address:	p.	- P. (1)	
	En	ter Florida street ad	
	City	Florida	Zip Code
	C117		24, 0000

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:

	Manager i = Managing Member		
<u>Title</u>	Name	Address	Type of Action
_			Add Remove
			Add Remove
			Add
			AHASSIE
			Redinove
D. If a	mending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	r.)
	New principal office address:		
	129 NW 13th Street Suite #D22 Bo	ca Raton, FL 33432	
	New mailing address: (Same as prin	cipal office address)	
	129 NW 13th Street Suite #D22 Bo	ca Raton, FL 33432	
Dated _	April 12	010	
	hichael	kaSala	
	-	r or authorized representative of a member	
		a, Authorized Representative or printed name of signee	<u>. </u>

Page 2 of 2

Filing Fee: \$25.00