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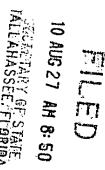
(Re	questor's Name)	
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D. BRUCE AUG 31 2010

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Notes N	otes Notes, LLC			
	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Diane J. Hirsch			
		Name of Person			
		Firm/Company			
	3600 S	outh Ocean Blvd. Apt # 303	3		
		Address			
	P	alm Beach, FL 33480			
	diazehit E-mail address: (City/State and Zip Code Size D D D 9 M G to be used for future annual report notifi	cation)	,	
For further information	concerning this matter, please of	call:		E =	
	Diane Hirsch	at (561)	540-4060	O AUG	i de para
Name	of Person	Area Code & Daytimo	e Telephone Number	ARY SSE	
Enclosed is a check for	the following amount:			AH 8: GF-SE FLOR	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified (Fr Status &	ed)
	LING ADDRESS:	STREET/COURI			
Regist Divisi	tration Section on of Corporations	Registration Section Division of Corporation			

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Notes N	otes Notes, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appear mited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on	08/12/2010	and assigned
Florida document numberL10000084449			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :	
NotesN	otesNotes, LLC		
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Compa	nny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		The state of the s
(Principal office address MUST BE A STREET ADDRE	ass)		0
			HA 65 17
			SER 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			6: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street aa	ldress
		, Florida	
	City		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If ameno	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ry.)
•			AUG 2
			7 7 7
Dated	· ,	·,	8: 50 8: 50
	Drane Strins	ch	-
	Signature of a member	r or authorized representative of a member	
	Typed	Diane J. Hirsch or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00