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| Special Instructions to F | Filina Officer: | | | |
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Office Use Only



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OCT 2 2 2010 EXAMINER

المسترسل.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| | Or | 7010 001 24 | |
|--|---|---|--|
| TRA | NSITIVE. LLC | CRETARY OF STATE LCRETARY OF STATE LAHASSEE, FLORIDA rs on our fecords.) | |
| (Name of the Limited Liability | Company as it now appea | rs on our records.) | |
| (A FIORIDA) | Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability C | Company were filed on | 09/14/2010 and assigned | |
| Florida document numberL10000096009 | <u>_</u> . | | |
| | | | |
| This amendment is submitted to amend the following: | | · | |
| A. If amending name, <u>enter the new name of the lim</u> | ited liability company he | *** | |
| 4. If amending name, enter the new name of the film | ned naphity company ne | <u>c</u> . | |
| The new name must be distinguishable and end with the wor | rds "Limited Liability Comp | any," the designation "LLC" or the abbreviation | |
| B.E.C. | | | |
| Enter new principal offices address, if applicable: | | | |
| <u> Principal office address MUST BE A STREET ADDI</u> | RESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | · ———————————————————————————————————— | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | our records, enter the name of the nev | |
| registered agent and/or the new registered office add | ress nere. | | |
| Name of Name Desistant de Acous | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | E) | Enter Florida street address | |
| | | , 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 a sending 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------------------|--|----------------|
| MGR_ | ROXANA MONTIEL | 16057 Old Ash Loop Orlando, FL 32828 | ✓ Add Remove |
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| | 1 K 3 2 K 2 | | Add Remove |
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| D. If amen | ding any other information, enter | change(s) here: (Attach additional sheets, if ne | ecessary.) |
| _ | | | |
| _ | 100 | | PILLAHASSI |
| Dated | October, 19 | 2010 | |
| | Signature of a | member or authorized representative of a member MGRM Typed or printed name of signee | OR I.O |