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SECRETARY OF STATE
TALLAHASSEE, FI OBIDA

D. BRUCE

FEB 18 2011

EXAMINES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MISHCORP 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:
LARRY S. SAZANT Name of Person
LARRY S. SAZANT Pa.
1920 East HALLAND ALE BCh BLD Soite 510
HALLAND ALE FORDA 3300 9 Gir/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number SA
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILSHCORP, LL	<u>C </u>
(Name of the Limited Liability Compar (A Florida Limited L	<u>v as ft now appears on our records.)</u> iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{\sqrt{3,001}}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1920 East HALLANDALE
(Principal office address MUST BE A STREET ADDRESS)	Beach BLVD: Suite
	HALLANDALL, Fl. 33009.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 7
·	Florida Torida Sireet address 7
	City Salip Code
New Registered Agent's Signature, if changing Registered Agent:	Sir E

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 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	·	·	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary	n) ————————————————————————————————————
			FEB 17
Dated	anuary 14 2011,	- H	OF STATE
	Michele 1-	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00