	Florida Department of State	
	Division of Corporations	
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TO: Registration S Division of Co					
SUBJECT:		Exchanges, LLC	Wiggen		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		James K. Duerr, CPA			
	Small B	usiness Resources USA, Inc.			
		Firm/Company			
	1601	Park Center Drive, Ste. 6A Address		4	
		Orlando, FL 32835		SEARCIT	
	······································	City/State and Zip Code			
		mD@sbrorlando.com to be used for future annual report notificati	(m)		
For further information	concerning this matter, please	call:	(m) (m) (R-4646		
The second s	s K. Duerr, CPA		<u>0</u>	- CD	
Name	of Person	Atea Code & Deytime Te	elephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Sox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Taliahassee, FL 32301	ons r Circle		

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FAX AND FH H DOW 209 363 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Effective Exchanges, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ______08/03/2012 _____ and assigned Florida document number ______L12000100032 ____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."		or the abl	breviation
Enter new principal offices address, if applicable:		2	·**
(Principal office address MUST BE A STREET ADDRESS)	BS	65 ()	
	-SR-X		\$
		Ŧ	15
Enter new mailing address, if applicable:	S R	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	SH	8 6	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la street address
	Çity	Florida 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

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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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	The Phelps Trust	1969 S. Alafaya Trail Suite 232 Orlando, FL 32828	. ∕ Add □ Remove
<u>MGRM</u>	Aaron L. Phelps	1969 S. Alafaya Trail Suite 232 Orlando, FL 32828	Add Remove
MGRM	Holly A. Phelps	1969 S_Alafaya Trail Suite 232 Orlando, FL 32828	Add Remove -
MGR	Aaron L. Phelps, Trustee	1969 S. Alafaya Trail Suite 232 Orlando, EL 32828	Add Remove
MGR D. If amendin	Holiy A. Phelps, Trustee	1969 S. Alafava Trail Suite 232 Orlando, FL 32828	
	1		- - -
Dated	August 3, 2012 X Oem- Philos	· ·	-
	-	authorized representative of a member	
	Aaron 1 Typed or	Phelps, MGRM printed name of signee	
		Page 2 of 2	
	Fili	ng Fee: \$25.00	

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