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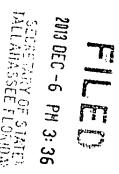
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COVER LETTER

TO:	Registration Section Division of Corporations
	Missing Courage INPORT LICE
SUBJEC	(Name of Limited Liability Company)
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	(Name of Person) Tieser Collins PL (Firm/Company)
	(Name of Person) The secondary of the s
	(Firm/Company)
	3080 TAMIAMI TIAILE. (Address) (Address) (City/State and Zip Code)
	(Address)
	MANIES, Hu JYIIV (City/State and Zip Code)
	(City/State and Zip Code)
For furth	
	rer information concerning this matter, please call: (Name of Person) at (279) 649-4900 (Area Code & Daytime Telephone Number)
	(Camber Control of the Control of th
Enclose	d is a check for the following amount:
\$25.0	On Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional
	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

Mission	Square west	LLL	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears or ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L12000153602</u> .	pany were filed on	2/10/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and end with the words '"L.L.C."	"Limited Liability Company,"	' the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
			PO E
Enter new mailing address, if applicable:			DEC -
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere		records, enter th	e name of the new
registered agent and/or the new registered office address	<u>s here</u> :		
Name of New Registered Agent:			······································
New Registered Office Address:	(Enter	Florida street addi	P(S)
	(Dimer		
	(City)	, 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, Structure 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:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRN	M Eric L. Cianchett	e 42 MAIKET STREET POINTING, ME 04101	Add Remove
MGFM	Cianchette fam	ily LLC 42 Market stre portland, ME	Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, ente	r change(s) here: (Attach additional sheets, if neo	OEC -C
- -			PH 3: 36
Dated	December 3	7013	
	Signature of	member or authorized representative of a member	
	Chi	Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00