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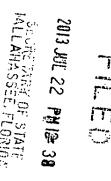
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Name of Limit	ted Liability Company		
	Amendment and fee(s) are sub	<u>-</u>		
	Υ.	Name of Person		
		Possport LLC Firm/Company		
	450	(on grass Aug #1	2013 JUL 22	**************************************
	boca Ra	FL 33447 City/State and Zip Code		
		o be used for future annual report notificati		, 10°
For further information co	oncerning this matter, please co	all:		
Yoo Sin	Ja cob Person	at (561) 459 - 61 Area Code & Daytime Te	elephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

Passport 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	and assigned
Florida document number	
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 "LL" "L.L.C."	.C" or the abbreviation
Enter new principal offices address, if applicable:	2013
(Principal office address MUST BE A STREET ADDRESS)	3 & m
	2
1.45 1.45 - 1.45	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	69
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	e name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Enter Florida street adare	ess
	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	mp com

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.

Alue fanb
If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	ype of Action
MGRM	Alice Jacob	6501 (ongress No SIE 100	Add
		Boca Katon, FL 33487	Remove
			П.,,
			Add
		 	
			Add
		ネラ の の で で で で で で で で で で で で で で で で で	Remove 22
		FLORIDA BOA	Add 3
			Remove
			Add
			Remove
			Add
			Remov

D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Date	d
	Alui Jacob Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00