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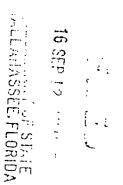
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: A DOVE THE MAKE IN HEMOTIONAL 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:
Jara L Maicre
Above the Marc International
120 Hidden Hollow Drive
Dalm Beach Gardens, FC 334B
Jara (a) ATM Production Services, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (SU) 202 3010 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (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

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400030193</u>	were filed on 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	126 Highen Hollow Dri
	Florida 3341
Enter new mailing address, if applicable:	126 Hidden Hollow Dive
(Mailing address MAY BE A POST OFFICE BOX)	Florida 3341
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date inserted in	date must be specific and cannot be this block does not meet the son the Department of State's re	applicable statut	iling or more than 90 d tory filing requireme	_ (optional) lays after filing.) ents, this date v	Pursuant to 605.0 vill not be listed
	elayed effective date, but he record is filed.	ut not an effe	ective time, at 1	2:01 a.m. c	on the earlie
record specifies a d The 90th day after that ated	ust 8, 2	016			

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Filing Fee: \$25.00