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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Cavolyn Monika Flias Name of Person
Mostures Dr. Ftwood Treasures LLC
M Fillmove Dr. Address
Sarasota Fia. 34236 City/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 Name of Person
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
(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

Modures Drift	-wood i	reusures L	
(<u>Name of the Limited Liability</u> (A Florida	Company as it no Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Co Florida document number LNOON286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	<u>o</u> 30	•	and assigned
The new name must be distinguishable and contain the words "Limit	ted Liability Compar	ny," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Toleron	~	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRI	ESS)		3
NIA			AAAAA 22
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			三。 隔
NIA			- 98
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ress on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
NIA	Inter Florida street address		
——————————————————————————————————————		, Florida	
	City		Zip Code
Many Designation and Amenatics Companying if shoresing Designation and	A mank.		

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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 605, 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NBR	David W. Johnson	1 8918 Founders Circle	 □ Add
		Palmeto, Ala 34221	Remove
			Change
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			Remove
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(If an effective Note: I	re date, if other than the date of filing: 3	Pursuant to	679 o 605 ,02
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o Both day after the record is filed.	on the e	arlier
Dated _	March 17, 2010.		
	Caulyn Munka Elies		
	Signature of a member or authorized representative of a member		_

Page 3 of 3

Filing Fee: \$25.00