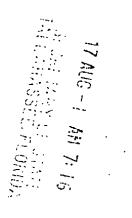


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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: MAKINE / AINT CONT Name of Limited Liab	PEACTORS LLC
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
JANI CA	ame of Person
JEFFREY/	WMARKS PH
1628 SE	2 COURT
FT LAUDE City'S	tate and Zip Code
E-mail address turbé use	d for future annual report notification)
For further information concerning this matter, please call:	'
JEFFREY MARKS	at (951/) 1261-9550
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	\$60.00 Filing Fee. Certified Copy Cadditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. 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

MADINE POUT PAR	TRATTOC IIC
(Name of the Limited Liability Company (A Florida Limited Liab	S. it sew appears on our records.) dity Company)
The Articles of Organization for this Limited Liability Company we Florida document number 4/70000/51/3	re filed onand assigned
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 contain the words "Limited Liability (Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Cock 27
New Registered Agent's Signature, if changing Registered Agent:	51. 7.
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perjaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	ormance of my duties, and I am familiar with and ded for in Chapter 605 F.S. Or, if this document is
If Changing	Registered Agent, Signature of New Registered Agent
Page 1 of	

MGR= Ma	anager athorized Member				
<u>Title</u>	Name	Address			Type of Action
AMBR	CHKIS FOLEY	4550 5	E HAMP	TON COURT	BK_Add
		STUAR	OT FL	70N COURT 34997	CI Remove
					C Change
AMBR	SEPHANIE COLBY	4550	SE HA	MPTON COUR	<u>7_</u> \$2(∧dd
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					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:

(Attach additional sheets, if necessary.)
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3.
(optional)
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ne standory fitting requirements, this date will not be in
an effective time, at 12:01 a.m. on the ear
[
zed representative of a member
viou representative of a memoer
ized representative of a memoer
name of signee

. .

Filing Fee: \$25.00