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COVER LETTER

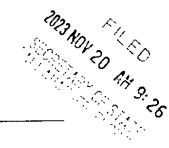
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. TO:

то:	Registration Sec Division of Corp		
CHDI	ECT:	Martin 1	ted Liability Company
SUDJ	ECT	Name of Limi	ted Liability Company
The er	nclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.
Please	return all correspon	ndence concerning this matter	to the following:
		Magaly	Name of Person
		Daim Co	Firm/Company
		v.4 80011	Address
			City/State and Zip Code
		E-mail address: (i	Zaias Fast Deimes, Com o be used for future annual report notification)
For fu	rther information co	oncerning this matter, please ca	all:
<u> </u>	Name o	Zaias-Fast Person	at (954) 801-1800 Area Code Daytime Telephone Number
Enclo	sed is a check for th	ne following amount:	
□ s	25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	Section	Street Address: Registration Section
	Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee
	Tallahassee, I		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 L 1 7000 143 880 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 "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Cosal Spring, Florida 33071

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 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
<u>CEO</u>	Jeffrey Schillinger	DUE Soundlott Goor	□Add
		Svide 245 S	ERemove
		Hollywid, FT 33021	□Change
Manager	Muzaly Zaias-Fast	11068 NW 369 STreet	UAdd
		Coul Springs, Fl 33071	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

	
ective	date, if other than the date of filing: (optional)
reffecti <u>te:</u> If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
cord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed	(1/1/2)
	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00