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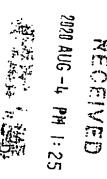
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COVER LETTER

Division of Corporations
SUBJECT: MILIGIN Home State Company 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:
Miliam Surver-Hill Name of Person Firm/Company
Millam Horne Staches LLC Firm/Company
6140 500 32" 5+
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 Subject - Hall at (305) 970 1035 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_11 mian /	Fluidies
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 131 (1)	pility Company were filed on 11(11) 4 2000 and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of th	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ole:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ि ट
B. If amending the registered agent and/or registered office address h	istered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	Miriam Sawyer-Hill
New Registered Office Address:	6140 SW 39rd 5+ Enter Florida street address Florida 320 2 3
-	City Zip Code
New Registered Agent's Signature, if changing Regi	
provisions of all statutes relative to the proper a accept the obligations of my position as register	igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is sistered office address, I hereby confirm that the limited liability ange.
	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>	Name	Address	Type of Action
AMBR	Miriam Sauger-Hill	10140 SW 32rd st miramar, FL 33023	□ Add
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Filing Fee: \$25.00