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COVER LETTER

TO:

Registration Section

Division of Corporations	
	MERSYPPORTERS LLC TLimited Liability Company
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	natter to the following:
<u>Nacol</u>	e Everett Name of Person
ICOU	ECUSTOMERSUPPORTERS LIC
11008 Br	ahmen Ranch Circle Address
Riverviec	City/State and Zip Code Some Some Some And I Compress: (to be used for future annual report notification)
icole (C) E-mail add	Stone S C C C C C C C C C C C C C C C C C C
For further information concerning this matter, ple	
Nacole Everett Name of Person	at (254) 813 448) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Stat	
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

FILED

I(OLE CUSTO	MER SUP	PORTERS LINE: 29
(Name of the Limited Liability (A Florida l	Company as it now appears on Limited Liability Company)	our records.) TALL AHASSEE, EL
The Articles of Organization for this Limited Liability Co		B24/202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 -	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
agent and/or the new registered ornee address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida
	Cuy	z.y. code

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 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
MGR	Nacole Everett	11008 Brohman Ronch Circle Riversew F1, 335	12/Add
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an effective date is listed, the lote: If the date inserted	than the date of filing: 25 the date must be specific and cannot be prior in this block does not meet the applic on the Department of State's records	r to date of filing or more than 90 day cable statutory filing requiremen		
record specifies a delayo	d effective date, but not an effective t	ime, at 12:01 a.m. on the earlier	of; (b) The 90th day afte	τ the
Dated July a	5,2002.	·		
	Kinzell Dou Signature of a member or auth	Drung, New Old	Everell	

Filing Fee: \$25.00