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JAN 2 7 2013 T. HAMPTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Advertacard, Li	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	GREGORY	CASAGRANDE	
	,	Name of Person OCKER, LLC Firm/Company	
	SENSI	CKER, LLC	
			,
	6441 19th S	TE, BLDGF, SARAGE	M, FL 34243
	SARASOTA,	FL 34243 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address:	990 Seas ocker. Con	ication)
For further information of	concerning this matter, please ca	all:	
GREGORY Name of	CASAGRANDE of Person	at (<u>941</u>) <u>863 - 4</u> Area Code Daytime	4929 e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advertace	card, LLC	
(<u>Name of the Limited I</u>	iability Company as it now appears on our re- lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L0500086029</u> This amendment is submitted to amend the following	lity Company were filed on 8/3 1/	2005 TAIL ANASSEE, F
A. If amending name, enter the new name of the	e limited liability company here:	E 88 98 0
SeaSucker LLC		10 5
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	Enter Florida street ac	ldress
		, Florida
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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