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(Cit	y/State/Zip/Phone	o #)
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SECRETARY OF STATE
TALL A HASSEF FILES OF

JAN - 9 2013 T. HAMPTONI

COVER LETTER

TO: Registration So Division of Cor			
	k Digital Productions, L	LC.	
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are sub	_	
riease return an correspo	ondence concerning this matter Mark A. Parrilla	to the following:	
		Name of Person	<u> </u>
	WebMark Digital Pro	oductions, LLC.	
		Firm/Company	 -
	P.O. Box 376		
		Address	
	Lake Worth, Florida	33460	
	webmarkdigital@me		
F. C. A C		to be used for future annual report notificat	ion)
	concerning this matter, please co		
Mark A. Parrilla	of Person	561 201-2851 at ()	elephone Number
Name	i i cison	Area Code Daytine Te	rephone 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

WebMark Digital Productions, LLC.

(Name of the Limited L (A F	Nability Company as it now appears on our recording Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Lind Liab Lind Liab Liab Liab Liab Liab Liab Liab Liab	ring:	and assigned SECRETARY OF TALLAHASSEE, F
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desig	
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	, Flo	rida Zip Code
	cuv	Zip Coae

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.

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Ani E. Sandoval	P.O. Box 376	Add
		Lake Worth, Florida 33460	Remove
VP	Barry J. Weintstein	P.O. Box 376	Add
		Lake Worth, Florida 33460	Remove
Sec/Tre	Leocadia Fonseca	P.O. Box 376	Add
-		Lake Worth, Florida 33460	Remove
Sec/Tre	Jeff Stendel	P.O. Box 376	Add
		Lake Worth, Florida 33460	Remove
			Add
		·	Remove
		LLAHASSEE, FLORIDA Remove	
			Remove

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Effective date, if other than the	e date of filing:	(optional)
		e than 90 days after filing.) (605.0207 (3)
December 27	2013	
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Mack	ignature of a member of authorized repre	esentative of a member
IVIHKK HI	ignature of a member or authorized representation of a member or authorized representation of the second of the se	President/CED signee
	Typed or printed name of	signee
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