

L11000030595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

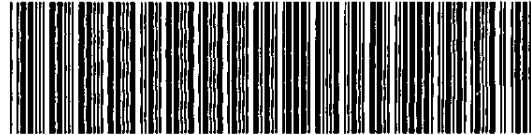
(Business Entity Name)

(Document Number)

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JUL 19 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 20 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Intelligent Direct Marketing LLC  
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:

LARRY Zollo  
Name of Person  
Intelligent Direct Marketing  
Firm/Company  
550 N. RED ST. Suite # 107  
Address  
Tampa, FL 33609  
City/State and Zip Code  
larry@5ipmail.com  
E-mail address: (to be used for future annual report notification)

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JUL 19 PM 12:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Larry Zollo at (813) 468-9366  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

Intelligent Direct Marketing LLC

(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 3/14/2011 and assigned  
Florida document number L11000030595.

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 end with 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)**

550 N. RFO St.

Suite 107

Tampa, FL 33609

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:

LARRY ZOLLO

New Registered Office Address:

550 N. RFO St. Suite 107

Enter Florida street address

TAMPA  
City

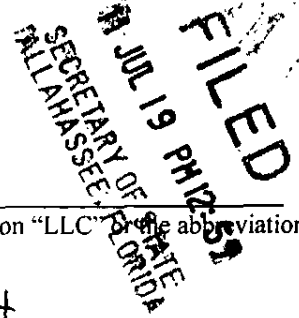
Florida

33609  
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 608, 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

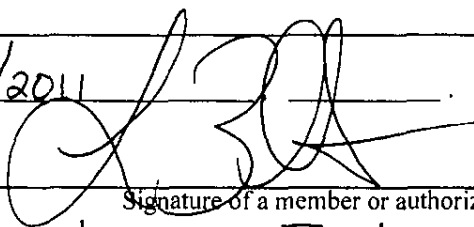
| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                 | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGR          | Carmelina GEMMA | 8710 W. Hillsborough Ave<br>Tampa, FL 33615    | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | LARRY Zollo     | 550 N. RCO St.<br>Suite 107<br>Tampa, FL 33609 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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JUL 19 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

07/15/2011



Signature of a member or authorized representative of a member

LARRY ZOLLO

Typed or printed name of signee