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## **COVER LETTER**

TO:	Registration Section Division of Corpor				
	Mediai	ders, LLC			
SUBJE	CT:		ted Liability Company		
The end	closed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please r	eturn all corresponde	ence concerning this matter t	to the following:		
		Stuart R. Mo	orris, Esq.		
			Name of Person		
	Morris Law Group				
			Firm/Company		
		7284 W. Palm	netto Park Ro	ad, Suite 10	<u> </u>
•			Address		
		Boca Raton,			
		SMORRIS@LAW	City/State and Zip Code		
	-	_	o be used for future annual rep	port notification)	
For furt	her information cone	erning this matter, please ca	ill:		
Lin	dsey S. G	onsman	<sub>at (</sub> 561 <sub>)</sub> 75	0-3850	
	Name of Pe	rson	Area Code	Daytime Telephone Nu	mber
Enclose	ed is a check for the f	ollowing amount:			
□ \$25	.00 Filing Fee	\$30.00 Filing Fee &    Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cert (sed) Cert	0 Filing Fee, ificate of Status & ified Copy tional 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

MEDIAIDERS, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000054966  This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
CUSTOMER SERVICE NETWORK GROUP, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	n/a	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		r the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code:
New Registered Agent's Signature, if changing Registered Agent:		\$ 6 Miles
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	performance of my duties, and I am	ı familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u>			Add
			Remove
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D.	If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	
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	_	
Е.		tive date, if other than the date of filing:
	Dated _	June 3, 2014/
		Signature of a member of authorized representative of a member
		KOMET INVESTMENTS, LLC, Taylor Billington, Manager
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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