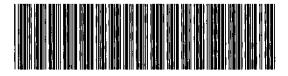
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(Requestor's Name)	_					
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
AUG 2 8 2012						
S. TONER						

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Click Magnets LCC Firm/Company
	4654 SR 64 Ecst # 153 Address
	34208 City/State and Zip Code
	Bill he click magnets - com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Rill Michelen at (941) 779 - 7580  Name of Person Area Code & Daytime Telephone Number
	ed is a check for the following amount:  3.00 Filing Fee   Certificate of Status  Certified Copy (additional copy is enclosed)  Solution (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	(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**

Click Migned (Name of the Limited Liability Compar	S LL ( y as it now appears on	our records.)	
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on $8/15$	8/2011	and assigned
Florida document number		AL	题 第三
This amendment is submitted to amend the following:			ED THE
A. If amending name, enter the new name of the limited liabi	lity company here:		700 79
			25 Y
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company,"	the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u>-</u> .	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
(Mulling uddress MAT BE A FOST OFFICE BOX)		<del></del>	<u></u>
B. If amending the registered agent and/or registered of	ice 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: Bill	Michelan		
New Registered Office Address: 4650	4 SR 64 805	L # 153	
	Enter F	lorida street add	iress
Rad	enten	, Florida	34208
	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 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.

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:

Title	lanaging Member <u>Name</u>	<u>Address</u>	Type of Action
MCRM	Scott Campbell	6730 1218 #6 Largo, EL 33773	Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
	•	ge(s) here: (Attach additional sheets, if necessary.)	 
			<del>-</del> 
Dated	(23/2012		
	Bill	Muduland or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00