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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Safar	ri Marketing L.	L.C.		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	endence concerning this matter			
	Tina Cornell			
		Name of Person		
	Safari Marke	eting L.L.C.		
		Firm/Company		
	P.O. Box 78	0217	2014	
		Address	2014 SEP	
	Orlando, FL	32878	P-8	-
		City/State and Zip Code	She PH	
	sunnytc@aol.com		ication)	E com
		to be used for future annual report notifi	cation) STATE 25	2-6-4-4-2
	oncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·	
Tina Corne	11	_{at} 321 297-58	364	
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne 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

Safari Marketing L.L.C.		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L0500004516	were filed on 01/07/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
Rumblefrog LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1644 Lady Slipper Circle	20
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32825	S S
		ST CO
Enter new mailing address, if applicable:	P.O. Box 780217	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32878	
		इल ८
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
**************************************	, 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove _ Add __ Remove _ Add ☐ Remove P-8 SHALE STATE _□ Add □ Remove □ Add __ □ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
E.	Effective date, if other than the date of filing:		
	August 24 , 2014 .		
	Linall Comed		
	Signature of a member or authorized representative of a member		
	Tina Cornell Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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