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S. HAWKES

JUL 2 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

, Division of Co	orporations				
SUBJECT:	Ni	rmal LLC			
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	<u> </u>	Nancy Grossbart			
		Name of Person			
	Nirmal LLC				
	Firm/Company				
	11	11105 Roseland Rd. #16			
		Address			
		Sebastian, FL 32958 City/State and Zip Code	.		
	nancy@	sebastianwebmarketing	com		
	E-mail address: (to be used for future annual report	notification)		
For further information	concerning this matter, please of	call:			
Na	ncy Grossbart	at (_772)_	913-3340		
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS: tration Section	STREET/CO Registration S	URIER ADDRESS:		
Divisi	ion of Corporations Box 6327	Division of Co Clifton Buildir	rporations		

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Nirmal LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.		
The Articles of Organization for this Limited Liability	Company were filed on	April 10, 2009	and assigned	
Florida document number L07000068748	,			
			2	
This amendment is submitted to amend the following:				
4 70 11		ه د	にあても、	
A. If amending name, enter the new name of the li	•	re:	第二二四	
	in Web Marketing LLC		<u> </u>	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	eany," the designation "L	LC" or the abbreviation	
			5	
Enter new principal offices address, if applicable:	······································		1	
(Principal office address MUST BE A STREET ADI	ORESS)	<u></u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
	-	,		
				
B. If amending the registered agent and/or regi	istered office address on	our records, enter th	e name of the new	
registered agent and/or the new registered office ad	<u>idress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
AND	En	nter Florida street addr	ess	
	City	, Florida	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:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
*****			Add Remove
			Add Remove
	 		Add Remove
-			Add Remove
			Add C
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.	<i></i>
	June 27	2010	
Dated	Vai	Suozbart	
	Signature of a men	Nancy Grossbart	
	Туј	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00