

L07000116133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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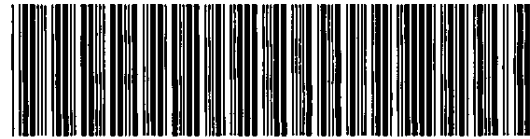
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hufer Holding 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:

Cintia Calevoso

Name of Person

Cintia Calevoso P.A.

Firm/Company

1101 Brickell Ave., STE 800S

Address

Miami, Florida 33131

City/State and Zip Code

cintia@calevosolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cintia Calevoso

Name of Person

at (786) 302-5983

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**

Hufer Holding 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 11/19/2007

Florida document number L07000116133

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Strategic Innovative Marketing Solutions LLC

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)

9 EAST LOOCKERMAN STREET

SUITE 3A-487

DOVER, DE 19901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Cintia Calevoso P.A.

1101 Brickell Ave., STE 800S

Miami, Florida 33131

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:

Cintia Calevoso P.A.

New Registered Office Address:

1101 Brickell Ave., STE 800S

Enter Florida street address

Miami

Florida 33131

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.

Cintia Calevoso
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>
MGRM	Bluestar Parkway Ventures	9 EAST LOOCKERMAN STREET	<input checked="" type="checkbox"/> Add
		SUITE 3A-487	<input type="checkbox"/> Remove
		DOVER, DE 19901	
MGRM	Sascha Hufer	10967 El Paraiso Pl	<input type="checkbox"/> Add
		Delray Beach Fl 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Dated 10/25, 2013

Signature of a member or authorized representative of a member

Sasha Hule
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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