

L08000036222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

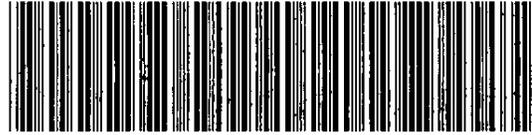
Special Instructions to Filing Officer:

A. LUNT

JUN 10 2008

EXAMINER

Office Use Only



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08/09/08--01009--021 **60.00

2008 JUN -9 A 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Associated Capital Market, 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:

Erick Roker
(Name of Person)
Associated Capital Market, LLC
(Firm/Company)
600 N. Pine Island Road, Ste. 450
(Address)
Plantation, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Erick Roker at (954) 881-9500
(Name of Person) (Area Code & Daytime Telephone Number)

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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**

Associated Capital Market, 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 4/9/2008 and assigned Florida document number L08000036222.

This amendment is submitted to amend the following:

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

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)

600 N. Pine Island Road, Ste. 450
Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 N. Pine Island Road, Ste. 450
Plantation, FL 33324

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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: _____

New Registered Office Address: _____
(Enter Florida street address)

_____, 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 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MgrM	Rokayla Foundation	2905 Jordan Court, Suite B Alpharetta, GA 30004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Team Assistance	600 N. Pine Island Road, Ste. 450 Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M	Selective Perceptions, LLC	2905 Jordan Court, Suite B Alpharetta, GA 30004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M	Marketplace Ministry, LLC	2905 Jordan Court, Suite B Alpharetta, GA 30004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
M	Erick Roker	600 N. Pine Island Road, Ste. 450 Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Erick Roker	600 N. Pine Island Road, Ste. 450 Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Federal EIN # is 26-2271003. Please reflect on filing.

Continued to another sheet.

Dated May, 30th, 2008.

 Signature of a member or authorized representative of a member

 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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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:

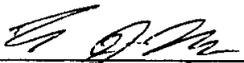
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
M	Rokayla Foundation, INC	3525 Piedmont Road, 7 Piedmont Center Atlanta, GA 30305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please list all directory changes listed in this entire amendment.

Dated May, 30th, 2008.



Signature of a member or authorized representative of a member
Erick Roker / Manager

Typed or printed name of signee

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