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D. BRUCE

JAN 26 2011

EXAMINER

COVER LETTER

TO:	Registration of	n Section Corporations	•		
SUBJEC	_{Ст} . (Jitra Coders, LLC			
SOBJEC	Ç1	Name of Limited Liability Company			
The encl	losed Article	s of Amendment and fee(s) are submitted for filing.			
Please re	eturn all corr	espondence concerning this matter to the following:			
		Terresa Teutenberg			
		Name of Person			
	•	GuruFred.com			
		Firm/Company			
		4239 Otterlake Cove			
		Address	Z ≤	<u> </u>	
		Niceville, Florida 32578-3777	LA	JA	TÌ
		City/State and Zip Code	AS	JAN 25	
		terresa@aitsnet.com E-mail address: (to be used for future annual report notification)	333		<u> </u>
For furth	ner informati	on concerning this matter, please call:	FSTA	PM 5: 0	
ter	resa@ait	snet.com at (850) 687-5507	DA BOA	=	
		me of Person Area Code & Daytime Telephone Number			
Enclosed	d is a check f	for the following amount:			
\$25.0	00 Filing Fee	Status Certificate of Status Certified Copy Certificate Copy Certified Copy Certi	of Statu Copy		sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		gistration Section Registration Section vision of Corporations Division of Corporations D. Box 6327 Clifton Building			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultra	Coders, LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now apported Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	06/30/2008	and assigned
Florida document number <u>L08000063736</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
GuruFred.com, LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2)		ARY SSE
Enter new mailing address, if applicable:			5: OL STATE STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)			>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, ente	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	I	Enter Florida street d	address
		, Florida	
	City		Zin 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
Title .	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			——————————————————————————————————————
			AddRemove
	 		
			
D. If amer	nding any other information, en	er change(s) here: (Attach additional sheets	s, if necessary.)
_			ASSEE FEO
_			O1 ATE RIDA
Dated	January 5	a member or authorized representative of a mem	nber
	Terresa Teutenbe	_	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00