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SECRETARY OF CORPORATION

T. HAMPTON

MAR 1 8 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Kaminsky Marketing Services, LCC 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: |
| Name of Person |
| Kaminsky Marketing Services |
| 507 N. Hyer Ave. |
| Collando, FL 32803 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Barbara Kaminsky at (487 872-1304 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Filing Fee Certificate of Status Solution Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lie (A Flo | bility Company as it now appears of orida Limited Liability Company) | our records. |
|--|--|---|
| The Articles of Organization for this Limited Liabi | ľ | 17/2008 and assigned |
| This amendment is submitted to amend the followi | ng: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | e: | <u> </u> |
| (Principal office address MUST BE A STREET A | (DDRESS) | - Vis |
| | | CRE |
| | - | 8 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| Enter new mailing address, if applicable: | | ග පුදුර |
| (Mailing address MAY BE A POST OFFICE BO | R 700 | |
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| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our address here: | records, enter the name of the New |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Fnter i | Florida street address |
| | | |
| - | 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 = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** David Kaminsky ☐ Add Remove ☐ Add ☐ Remove Add Remove Remove ∏Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00