

609000004033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

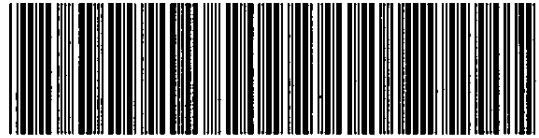
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

NOV 30 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Business to Business Success Club, 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:

WALTER TERRY OGBURN
Name of Person

OGBURNS BUSINESS SOLUTIONS
Firm/Company

PO BOX 8762
Address

SEMINOLE, FL 33775
City/State and Zip Code

TOGBURN@OGBURNSBUSINESSSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TERRY OGBURN at (727) 422-4771
Name of Person 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**

Business to Business Success Club, 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 January 13, 2009 and assigned Florida document number L09000004033.

This amendment is submitted to amend the following:

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

OGBURN'S BUSINESS 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)

WALTER TERRY OGBURN
1756 BELLEAIR FOREST DR. F-8
BELLEAIR, FL 33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 8762
SEMINOLE, FL 33775

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:

WALTER TERRY OGBURN

New Registered Office Address:

1756 BELLEAIR FOREST DR. F-8

Enter Florida street address

BELLEAIR, Florida 33756
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

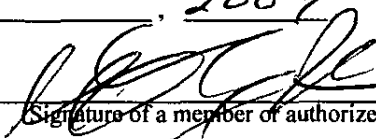
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IPC MEDIA INC	10785 Danielle Dr. Largo, FL 33774	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KISS MARKETING INC	13589 101ST TERRACE Seminole, FL 33776	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PATTY SEBOK	7603 Seminole, Blvd. Seminole, FL 33772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WALTER OGBURN	1756 BELLEAIR FOREST DR F-8 BELLEAIR, FL 33756	<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

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

Add
 Remove
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated 11-20- 2009



 Signature of a member or authorized representative of a member
WALTER TERRY OGBURN

 Typed or printed name of signee