# 10900008933

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## COVER LETTER "

TO: Registration S Division of Co				
SUBJECT:	TRULY GREE	N PRODUCTS, LLC.		
Sebolet.		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:	12 HAY 23 PH 3: 14	
<del></del>		PETER MAKRIS  Name of Person		
		, and or voice.	4.F	
	P	PETER MAKRIS CPA		
		Firm/Company		
	2	2110 DREW STREET		
		Address		
	CLI	EARWATER, FL 33765		
		City/State and Zip Code		
	PETERN	MAKRISCPA@GMAIL.C		
	E-mail address: (	to be used for future annual report no	otification)	
For further information	concerning this matter, please o	all:		
PETE	R MAKRIS CPA	at ( 727 )	446-0000	
Name	of Person	Area Code & Day	time 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 enclo		
			(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

## TRULY GREEN PRODUCTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 01/27/2009 The Articles of Organization for this Limited Liability Company were filed on L09000008933 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: I NEED PROMOTIONALS, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> **Type of Action** Remove Remove Add Remove  $\bigcap$  Add Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member **ERIC JOHNSON** Typed or printed name of signee

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Filing Fee: \$25.00