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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT .	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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MAY 1 9 2009

EXAMINER



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09 MAY 18 PH 1: 22

COVER LETTER

Division of Corporations					
SUBJECT: B		PUBLIC RELATIONS L	LC		
	Name of Limi	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		EDWARD LONG			
		Name of Person	 		
	BUILDING BLOCKS PUBLIC RELATIONS LLC				
	Firm/Company				
	45 LOCKICT CTREET, OUT 00				
	15 LOCUST STREET SUIT 20 Address				
	HAVERHILL MA 01830				
	City/State and Zip Code				
	ed@buildingblocksnow.com E-mail address: (to be used for future annual report notification)				
For further information cor	ncerning this matter, please c	all:			
	ARD LONG	at (76-4977		
Name of	rerson	Area Code & Daytime T	elephone 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:

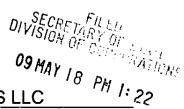
TO:

*Registration Section

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



BUILDING BLOCKS PUBLIC RELATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	City		Zip Code	
_				
	Enter Florida street address			
New Registered Office Address:				
Name of New Registered Agent:				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
Enter new mailing address, if applicable:				
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new principal offices address, if applicable	:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	iny," the designation "I	LLC" or the abbreviation	
		29 41. 1	I Ch - d - dl - d -	
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :		
This amendment is submitted to amend the followin	g:			
Florida document numberL0900013266	<u>o</u> .		,	
The Articles of Organization for this Limited Liabili		2/10/2009	and assigned	

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, 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 MGRM **KEITH MILLS** 11800 AVE OF THE PGA #20 ☐ Add PALM BEACH GARDENS FL 33418 Remove ☐ Add Remove ___ Add Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee