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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Having A Virtual Advantage, UC Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Susan Hyers Name of Person
	Having A Virtual Advantage LLC Firm/Company
	15423 Cambria Dr. Pro E
	Address Broovsult, FL 34604 City/State and Zip Code Susan & Beste Mark of Ing Solutions. Comparison E-mail address: (to be used for future annual report potification)
	Susan e Beste Marketing Solutions. competition E-mail address: (to be used for future annual report potification)
For furthe	er information concerning this matter, please call:
	Susan Myers at (352) 397-2706 Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	O Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified to of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclo

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number 1, 090002040	3.1	09 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Best e Marketing. The new name must be distinguishable and end with the work "L.L.C."		AE SE
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDR	ESS)	AR 24
Enter new mailing address, if applicable:	N/A	PH 2: 03 PH 2: 03
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	eet address	
	, Flori	
	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 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 = N	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AGE Remanove
			HAR 24dd
D. If amo	ending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	,'i —355
-			
-			
Dated	March 22 , 2	010	
	_	uber or authorized representative of a member	
		yed or printed name of signee	<u> </u>

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