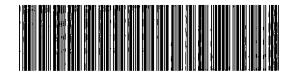
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D. BRUCE
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EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	orations \(\sim_{\psi} \)
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Articles	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Chris MCCARTHY
	Chris MCCARTHY Name of Person ChrisCo Marketing Firm/Company
	172 MEDEA ST. Address
	PORT Charlotte, Fl. 33954
	City/State and Zip Code Chris. Chrisco & Vahoo. Com E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Mame of F	Area Code & Daytime Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	following amount: \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Chrisco M.	ARKETING	"LLC"	
(Name of the Limited Liability (A Florida Li		rs on our records.)	
	* * * * * * * * * * * * * * * * * * * *		ı
The Articles of Organization for this Limited Liability Co	mpany were filed on	<u> 3-5-09</u>	and assigned
Florida document number <u>L 09 0000 23364</u>	'		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	re:	
CHRISCO SAIRS AND MARKET The new name must be distinguishable and end with the word 'L.L.C."	s "Dimited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			·
Principal office address MUST BE A STREET ADDRI	ESS)	2.	
		<u> </u>	
			Contract of the contract of th
		SS ST	3
Enter new mailing address, if applicable:		بازان المارية	
Mailing address MAY BE A POST OFFICE BOX)			The state of the s
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	<u> </u>	Ur.	
3. If amending the registered agent and/or registe registered agent and/or the new registered office address.		our records, <u>enter t</u>	ie name of the new
		,	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		ess
		, Florida	
	City	, riorida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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			Add
			Add
			Remove
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			Remove
			
			Damova
			Add
D. If amen	ding any other information, enter	change(s) here: (Attach additional she	ets, if necessary.)
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			SA 27 F
			FC P
Dated	12-21-10		PII 12: 29 OF STATE FLORIDA
	/1. M/l		Da 'e
			<u> </u>
	Signature of a m	nember or authorized representative of a mo	ember

Page 2 of 2

Filing Fee: \$25.00