(Requestor's Name)			
(Address)			
(Address)			
(1888-55)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
A. LUNT			
JUN 8 2009			
EXAMINER			

Office Use Only



300156749113

06/05/09--01018--006 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Local Ads Work, 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:
Name of Person
5701 W 24th ave #703
Address Roca Ratur F 3849(A) City/State and Zip Code SF Can Rad Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Scott Frank at (561) 994 7559 5 5 8 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

Local Ads	, Nork,	LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)	gapundangan dangan dang		
The Articles of Organization for this Limited Liability Co		3/10/2009	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here	;			
Fun with Fred	dy, LLC				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compan	y," the designation "LLC"	or the abbreviation		
Enter new principal offices address, if applicable:		TALE.	2009.		
(Principal office address MUST BE A STREET ADDR	ESS)	AHASSEI	<u>§</u> TI		
		SS CONTRACTOR	ch i		
Enter new mailing address, if applicable:		OF SIMTE			
(Mailing address MAY BE A POST OFFICE BOX)		ATE RIDA	20		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ur records, enter the	name of the new		
Name of New Registered Agent:					
New Registered Office Address:	Ente	Enter Florida street address			
	, Florida				
	City	2	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leetal Woder	18860 Copal Chase Dr Boxa Raten, Fl 33499	Add Remove
			Add Remove
dan da an a da ang Panada an An	 		Add Remove
			Add Remove
			The state of the s
		e(s) here: (Attach additional sheets, if necessary)	S Fadd M
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary)	
Dated	6-1, 2009	<u></u>	
	Signature of a member	or authorized representative of a member	,
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00