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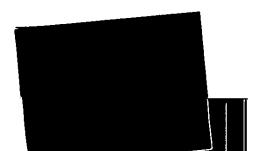
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D. BRUCE

JUN 0 9 2009

**EXAMINER** 



## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Cable Mark	of Limited Liability Company	,
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	ann - F
Please return all correspondence concerning this	matter to the following:	O9 J
	best Pedersen  Name of Person  Sble Marsketing Group LCC  Firm/Company	FILED  09 JUN - 8 AM II: 53  SECRETARY OF STATE ALLAHASSEE, FLORIDA
	110 Glew Abbott Way # 201 Address	3 3
$\mathcal{R}$	a leigh N.L. 276/3 City/State and Zip Code	
E-mail ad	Pedenser @ Cable Manketing Graditiess: (to be used for future annual report notification)	pLLC
For further information concerning this matter, p	please call:	
Rubert Pedesser Name of Person	at ( <u>\$79</u> ) <u>672</u> -6380 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of St	tatus Certified Copy Certificate (additional copy is enclosed) Certified Cortified Cor	of Status &
MAILING ADDRESS:	STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coble Marketing	GROUP A	440				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company v Florida document number <u>上の 900002763</u> 6	vere filed on	4/20/09	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company here:		SECRE			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "	SEE 8			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4/10 Ralen	Glen Ab L N.C.	5011WAy# 20 27612			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		r records, <u>enter</u>	the name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action **Address** Title <u>Name</u> RM James J. Peteresula

RM Thomas L. Igms 4136 Westwood DR: Ve FAdd
Holichay PL 34691 Remove ☐ Add □ Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Strule 5 , 2009. R, Redeson S1 - MG RM
Signature of a member or authorized representative of a member

Page 2 of 2

Robert A Pedenson SR.

Typed or printed name of signee

Filing Fee: \$25.00