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D. BRUCE
SEP 9 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations 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 Laura Phillips Bennett President 230 N. Westmonte Drive Suite 1000 Altamonte Springs, FL 32714 Bennett & Company Tel: 407/478-4040 Fax: 407/478-4050 MARKETING Laura@bennettandco.com For further information concerning this matter, please call: LAURA BENNETT Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$55.00 Filing Fee & \$60.00 Filing Fee, 25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (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

KEMARK, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 090006 305</u> 3	were filed on TUNE	29, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ONE 360 COMMUNICATIO	ā .	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME	~
(Principal office address MUST BE A STREET ADDRESS)		Og.
Enter new mailing address, if applicable:	S'AME.	SEP -8 PARY OF
(Mailing address MAY BE A POST OFFICE BOX)		STATE STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, <u>enter the name of the new</u>
Name of New Registered Agent:	8 AMC	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as p	lete performance of my di	uties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to prerely 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 Type of Action **Title** Name | <u>Address</u> SAME ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Concy Name Changing

ONCY Name Changing

SR

En Dated LAURA P. Benuett
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00