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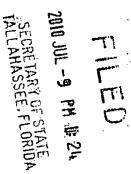
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C. LEWIS

JUL 1 2 2010

EXAMINER

Division of Corpo	rations
SUBJECT: Re	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Evika Dobard Michelle Charles -Name of Person Bayond Stars Marketing Group U.C. Firm/Company
	3721 SW 160th Street, Apt # 203 Address Miramar Florida 33627
	City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information cond	cerning this matter, please call:
Enva OBC	at 355 798 - 7894 Area Code & Daytime Telephone Number
Enclosed is a check for the f	Sollowing amount: \$30.00 Filing Fee & \$\\$\\$\\$\$\$\$ [\$

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

FILED

2010 JUL -9 PM # 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on () and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 <u>Title</u> **Name Address Type of Action** LEGROLIO GREWES ☐ 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.) Dated

Page 2 of 2

Filing Fee: \$25.00