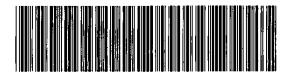
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COVER LETTER

FO: , Registration Section Division of Corporation	ons
SUBJECT:	Ad Toll. Com, LLC Name of Limited Liability Company
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
· · · · · · · · · · · · · · · · · · ·	ERIC S. GRINDLEY Name of Person
	Firm/Company
	5901 N. Honore Ave Suite 210 Address
	City/State and Zin Code CRIC D ANSW F1, COM E-mail address: (to be used for future annual report notification)
For further information concerni	
PRIC GYINGLEY Name of Person	at 941 584 - 0433 Area Code & Daytime Telephone Number
Enclosed is a check for the follo	wing amount:
\$25.00 Filing Fee \$3	10.00 Filing Fee & S55.00 Filing Fee & S60.00 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

DIVISION OF CURT OF ATTON

	OF	11 JAN -6 AMII: 54
AdTOL	L.COM, LLC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on out orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number <u>LD9DOO1DD5</u>	lity Company were filed on _ 10 19	9\09 _and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."		designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	 	
(Principal office address MUST BE A STREET A	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Title Name Type of Action Address Competative Strategies, LLC MGRM MGK Bason Peuss, LLC ☐ Add Remove Add 🔲 Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00