L09000/15828

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EXAMMER

COVER LETTER

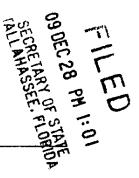
Division of Co					
SUBJECT:	Prismation	c Partners, LLC			
		ted Liability Company		-	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence concerning this matter to the following:			PE ILED OP DEC 28 PM 1: 01 SECRETARY OF STATE FALLAHASSEE, FLORID		
	Ha	nnah Terhune, Esquire	e	PILED DEC 28 PM 1:01 CCRETARSEE, FLORIDA ELAHASSEE, FLORIDA	
	Capital N	Management Services	Group	D ST FLO	
	<u> </u>	Firm/Company		RIP	
		PO Box 740		_	
		Address			
	Sell	Selbyville, Delaware 19975			
		City/State and Zip Code			
	bre	brent.killinger@gmail.com			
	E-mail address: (to be used for future annual repo	rt notification)		
For further information	concerning this matter, please of	all:			
Hannal	n Terhune, Esquire	at (307)	213-4732		
Name	of Person	Area Code & l	Daytime Telephone Numb	DET .	
Enclosed is a check for	the following amount:				
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle

Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Prismatic Partners, LLC

(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 Liabilit	y Company were filed on _	December 4, 2009	_ and assigned	
Florida document numberL09000115828	<u>.</u> .			
This amendment is submitted to amend the following	5 :			
A. If amending name, enter the new name of the	limited liability company	here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Cor	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		n our records, <u>enter the</u>	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 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 MGRM National Resource Solutions, Inc. ☐ Add 8015 Royal Lane √ Remove Sandy, UT 84093 MGRM Natural Resource Solutions, Inc. 8015 Royal Lane Remove Sandy, UT 84093 . ☐ Add __ Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 21 2009 Dated Signature of a member or authorized representative of a member

Brent Killinger
Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00