# L100000000755

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |

Special Instructions to Filing Officer:

A. LUNT

NOV 1 6 2010

**EXAMINER** 

Office Use Only



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11/15/10--01038--010 \*\*25.00



# **COVER LETTER**

| 10: Registration So<br>Division of Con |  | •   |  |
|--|--|---|--|
| SUBJECT: Inba                          | und Marke-<br>Name of Limi                 | ted Liability Company   | LLC  |
| The enclosed Articles of               | Amendment and fee(s) are sub               | emitted for filing.   |  |
| Please return all correspondent        | ondence concerning this matter             | to the following:   |  |
|  | . CATTHY go                                | ,   |  |
|  | American                                   | Recovery Task<br>Firm/Company                                     | Force  |
|  | 4731 W. A                                  | Hlantic Ave,  | #R16   |
|  | Delray Be                                  | City/State and Zip Code   | 2  |
|  | american re<br>E-mail address: (i          | covery task force (obe used for Juture annual report notifica     | gmail.com  |
| For further information of             | concerning this matter, please c           | ail:  |  |
| Cathy Ge                               | Cla Hy                                     | at (873) 900 · 678  Area Code & Daytime T                         | 33<br>elephone Number  |
| Enclosed is a check for t              | he following amount:                       |   |  |
| [ <b>]</b> \$25.00 Filing Fee          | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & 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**

| Inbound Marketina  | Advisors, LLC  |
|--|--|
| (Name of the Limited Liability Compa (A Florida Limited)                   | iny as it now appears on our records.)<br>Liability Company)   |
|  |  |
| The Articles of Organization for this Limited Liability Company            | were filed on 01 04 2010 and assigned  |
| Florida document number L10000000755                                       | •  |
|  | F <sub>S</sub> 2   |
| This amendment is submitted to amend the following:                        | LANGE TO THE COURT OF THE COURT |
| A. If amending name, enter the new name of the limited liat                | bility company here:   |
| Amazina Panasa Tala  | 110  |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Company," the designation "ELC" of the abbreviation   |
| Enter new principal offices address, if applicable:                        | 4731 W. Atlantic Ave   |
| (Principal office address MUST BE A STREET ADDRESS)                        | #B16   |
|  | Delray Boach, FL 33445   |
|  |  |
| Enter new mailing address, if applicable:                                  | 4731 W. Atlantic Ave   |
| (Mailing address MAY BE A POST OFFICE BOX)                                 | # B16  |
| •  | Delray Beach, FL 33445   |
| D If amonding the registered egent and/or registered a                     | ffice address on our records, enter the name of the new  |
| registered agent and/or the new registered office address her              |  |
| Name of New Registered Agent:  | 1 Cal 14TI V   |
| Name of New Registered Agent.  | y vecentey.  |
| New Registered Office Address: 4731:                                       | W. Atlantic Ave, Blb<br>Enter Florida street address   |
|  | ^  |
| <u>L'elray</u>   | Beach, Florida 33445  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, Senature of New Registered Agent

Page 1 of 2

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 Name Address** Type of Action ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated\_ Signature of a member or authorized representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00