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SECRETARY OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & A Database Marketing
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Silva Name of Person
Pars medic Grave Firm/Company
11555 Heron Bay Blud Suite 200
Coval Strings Cl. 3307C. City/State and Zip Code Clare Com E-mail address: (to be used for future annihal report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam 51/VA at (954) 603 - 0461 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \] \$30.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$60.00 Filing Fee, \text{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
The same of the sa

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A Detabas	c Mark	ding					
A & A Databas (Name of the Limited	Liability Compa Florida Limited I	ny as it now as Liability Compa	opears on iny)	our recor	<u>ls.</u>)	_	
The Articles of Organization for this Limited Lia Florida document number 41000019	ability Company					and as	ssigned
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company	<u>here</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Co	ompany,"	the designa	ition "LLC"	or the	abbreviation
Enter new principal offices address, if applica	ble:					=	<u>0</u> ∠∠
(Principal office address MUST BE A STREET					<u> </u>	SION	
		-			. <u>–</u>	~> — ≈ —	9 <u>55</u>
Enter new mailing address, if applicable:						A.	CTED SACO
(Mailing address MAY BE A POST OFFICE E					- i	<u> </u>	
						9 .	<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered off			on our	records, <u>e</u>	nter the	1ame	of the new
Name of New Registered Agent:	<u>Adam</u> 11555	Silva			· <u></u>		
New Registered Office Address:	11555	Heron	Bay	Blud	Suite	20	20
			Enter F	lorida stre	et address		
	Coral S	Prings		, Flori	da <u>3</u>	307	٠
		City			Z	ip Coa	le

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 **Type of Action** Address **Title** <u>Name</u> Ashu Gandhi Ashu Gandhi MGRM MGR ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3-18-2000 2010 Signature of a member or authorized representative of a member Adam Silup Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00