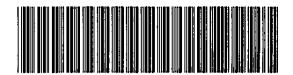
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B. BOSTICK
SEP 3 0 2011

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Consumer Acc	quisition Network LLC.			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	•	Angel Martinez			
		Name of Person			
	Consun	ner Acquisition Network LLC	:		
		Firm/Company			
	871 Co	ronado Center Dr. STE 200			
		Address			
	·	Henderson NV 89052			
		City/State and Zip Code			
	info@con E-mail address: (sumeracquisitionnetwork.co to be used for future annual report notific	m eation)		
For further information	concerning this matter, please of	call:			
	agal Martinan	000	POE 4774	7 24 =	
	ngel Martinez	at (800) 2 Area Code & Daytime	295-1774	SEP	
	0 .	And Code & Daynine	Composite Number	P 29	
Enclosed is a check for	the following amount:		į		Action of a second
\$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 Si Certified Copy (additional copy	matus & O	
	INC ADDRESS.	CTREET/COURSE	D ADDRESS.		

MAILING ADDRESS:

¥

TO:

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Registration Section

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

Const	<u> </u>	LLC.	
(<u>Name of the Limite</u>	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	3/12/2010	and assigned
Florida document number L1000002	27611		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		•
	•	,	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ole To
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter t	he name of the new
Name of New Registered Agent:	Same agent no changes	-	
New Registered Office Address:			
	Er	nter Florida street add	ress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Consumer Legal Pins LLC	871 Coronado Center DR STE 200 Henderson NV 89052	Add Remove
MGR_	Mr. Lazaro Dihn	199 E Flagler Street 1460 Miami FL 33131	Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary,) —
_ _ _			IN SEP
Dated	() Supre	011 LURIDA	29 PH 4:07
	Signature of a nember	Angel Martinez d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00