L100000238036

(Re	equestor's Name)				
(A d	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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T. CLINE
MAY 2 5 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SURJECT: Stiles	Marketing Group	, LEC	
		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Joseph M. Dee		
		Name of Person	
	Stiles Market	ing Group, LLC Firm/Company	
	452 Lake Poin	t So. Lane	
		Address	产品 言
	Deerfield Bea		TALLATIASS
		City/State and Zip Code	SSEE
	jdee2000@bell E-mail address: (to be used for future annual report notificat	tion)
For further information con	ncerning this matter, please of	call:	tion)
Joseph M. De	ee	at (954) 428-4019	
Name of	Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	X\$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

Stiles Marketing Goup. (Name of the Limited Lightli)	LLC	n our records
Stiles Marketing Goup, (Name of the Limited Liability (A Florida	Limited Liability Company)	M 544 10401435)
The Articles of Organization for this Limited Liability Florida document numberL10000028036	Company were filed on <u>Marc</u>	h 12, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Stiles Marketing Group, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		FO 7 - 77
(Principal office address MUST BE A STREET ADD	(RESS)	SET Z
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Orei and
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:	dress here:	records, enter the name of the new
	a.	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
		***************************************	Add	
			Remove	
			Add	
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D. Ifamor	ding any other information outer should	ge(s) here: (Attach additional sheets, if necessa		
v. n amen	ding any other information, enter chang	ge(s) nere: (Anach adamonal sneets, y necessa	ry.)	
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DatedN	May 21 133.8 , 201	0		
	Joseph M.	Ole-		
		r or authorized representative of a member		
	Joseph M. Dee	or printed name of signee	·····	

Page 2 of 2

Filing Fee: \$25.00