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T. HAMPTON

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EXAMINER

COVER LETTER

Registration Section

Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

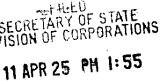
SUBJECT:	POSITIVE IMPACT	COMMUNICATIONS L	_C			
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return all correspo	ondence concerning this matte	r to the following:				
		ROSLYN YEE				
		Name of Person	And the second s			
	POSITIVE IN	MPACT COMMUNICATIONS	LLC			
	, , , , , , , , , , , , , , , , , , ,	Firm/Company	<u>·</u>			
	2209 COLLIER PARKWAY - SUITE 323					
	Address					
	1.41	ND O LAKEO EL 24020				
	LAND O LAKES, FL 34639 City/State and Zip Code					
	ROZYEE21@CS.COM					
	E-mail address: (to be used for future annual report notifica	tion)			
For further information c	oncerning this matter, please of	call:				
RC	SLYN YEE	at (_813_)94	49-1317			
Name of Person		Area Code & Daytime T				
Enclosed is a check for th	e following amount:					
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILI	NG ADDRESS:	STREET/COURIER	R ADDRESS:			

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE CORPORATIONS



POSITIVE IMPACT COMMUNICATIONS 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 Liability	Company were filed on	5/10/10	and assigned
Florida document number L10000046765	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :	
POSITIVE IMPACT	STRATEGIC MARKE	TING LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	ORESS)		
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad			the name of the new
Name of New Registered Agent:	•		
New Registered Office Address:		nter Florida street add	dress
	City	, Florida	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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			— _
			Add Remove
			Add Remove
			Add Remove
<u>,</u>	,		AddRemove
			•
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if n	ecessary.)
			SECRETARY OF STAL DIVISION OF CORPORAT
Dated	APRIL 21	,2011	STATE STATE PRATIONS
	6	Show her	.
	Signature of		
		ROSLYN YEE Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00