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TALLAHASSEE, FLORIDA

D. BRUCE

JUL 1 2 2011

EXAMINER

COVER LETTER

TO: Registration So Division of Con					
SUBJECT: ES) Communication Name of Limite	วิทุร d Liability Company		·	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspondent	ondence concerning this matter to	the following:			
	John Tucke	Name of Person	her		
	ESD Comme	rications Firm/Company		TALL	
	4583 Santia	30 Ln Address		JUL III	
	Bonita Spring	City/State and Zip Code		Y OF STATEE, FLORE	
	esdcomm @ me.	Com be used for future annual report notificat	tion)	TIE RIDA	
For further information of	oncerning this matter, please cal		,		
Hellia J	3hn Tucker f Person	at (<u>234) 221-72</u> Area Code & Daytime T	45/239- elephone Number	<u>565</u> -230	50
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	ed)

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

(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	ESD Communico	tions					
The Articles of Organization for this Limited Liability Company were filed on 5 28 10 c and assigned Florida document number 100000 5 777 (0). This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: New Registered Office Address: Kelli Tucker Hence Florida street address	(Name of the Limited I	Liability Compan Florida Limited L	y as it now appears iability Company)	s on our records.)	_ 1		
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New Registered Office Address: 4583 Santiago Ln Enter Florida street address				ur records, <u>ente</u>	the na	me_of	the new
	Name of New Registered Agent:	Kelli T	Tucker	·		·	
	New Registered Office Address:	4583	Santiago Frit	Ln er Florida street a	ddross		

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.

Mehanging 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 = 1	Managing Member		
Title '	<u>Name</u>	Address	Type of Action
			
			Add
			Remove
			Remove
			Remove
			Add
			Remove
			Add
			-
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional she	eets, if necessary.)
			ALLA LA
			HASS
	,		Mo a
		— <u> </u>	FSTAI
Dated	uly 7 ,	2011	Z'''
	Kell.	Tucker	
		ember or authorized representative of a m	nember
	hel	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00