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(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECKE PROSESSE FLORIDA

J. BRYAN

OCT 1 3 2010

EXAMINER

COVER LETTER

TO: Registration So Division of Co	ection rporations		
SUBJECT:	Part LEAS Name of Limi	E, LLC ted Liability Company	
			10 5
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	E B T
Please return all correspo	ondence concerning this matter	to the following:	12 12
	Christophe	L. Bennett Name of Person	SEE EL
		Party Lense	ORIUA 36
		Firm/Company	
	1166 SW	158 Way	
	Pem broke	- Pines, Fl.	330z 7
	Chrisben E-mail address: (1	City/State and Zip Code We # 1000 50 Yahw · Code To be used for future annual report notifica	ntion)
For further information of	concerning this matter, please c	all:	
Christopher	L. Bennett	at (954) 303 - 09 Area Code & Daytime T	63
name c	n retson	Area Code & Daytime 1	elephone Number
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)	\$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



Parkers	Ace III	بي
(Name of the Limited Liab	EASE, LLC billity Company as it now appears of	n our records)
(A Flor	ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili	,	18/20/0 and assigned
Florida document number	05.2	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
On - Demand	Marketing Ciro	up, LLC
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	ODRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
	<u></u>	
	 	
B. If amending the registered agent and/or re		records, enter the name of the new
registered agent and/or the new registered office	address nere:	
Name of Nam Davistand Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, 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

Zip Code

MGR = Ma MGRM = 1	anager Managing Member		SE ST
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
		***	Type of Aetrion
			——————————————————————————————————————
. If amen	ding any other information, enter chang	e(s) here: (Attach additional shee	
Dated	10/07/10 , 201 Nover, 07th	0	
	Chastorh	or authorized representative of a me 4 L. Bennett or printed name of signee	ember

Page 2 of 2

Filing Fee: \$25.00