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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

SEP - 9 2010

EXAMINER

COVER LETTER

Division of Corporations MY BRANDING SYSTEM.COM, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Philip C. Rosen, Esq. Name of Person Bloomgarden Goudreau & Rosen, P.A. Firm/Company 8551 West Sunrise Boulevard, Suite 208 Address Fort Lauderdale, FL 33322 City/State and Zip Code pcrosen@lawbgr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Philip C. Rosen, Esq. 370-2222 Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

MY BRAND	<u>ING SYSTEM.COM</u>	l, LLC	
(Name of the Limited Liabil	ity Company as it now appea a Limited Liability Company)	rs on our records.	
(A Fiorit	a Emitted Elability Company)		<u> </u>
The Articles of Organization for this Limited Liability	Company were filed on	08/16/2010	affa assfered
Florida document number L10000085457			1 98 -
Tiorida document ridinoer	<u></u> '		6 CXX
,			
This amendment is submitted to amend the following:			15 08
A. If amending name, enter the new name of the li	mited liability company he	ro.	STATE ORATIO
		<u>re</u> .	* OH
	NDING SYSTEM, LLC		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:	- 		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	sistered office address on	our records, enter	the name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		
Name of New Registered Agent:			
Nume of New Registered Agent.			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	E	nter Florida street add	tress
		, Florida	
	City	,	7in 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** ☐ Add Remove ☐ Add Remove ☐ Remove Remove ___Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 18:01 HB September 3 Signature of a member or authorized representative of a member Philip C. Rosen, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00