Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2 SISTERS MARKETING CONCEPTS LLC

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A. LUNT SEP 29 2011

EXAMINER

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FAX COVER SHEET

ТО	
COMPANY	
FAX NUMBER	18506176383
FROM	Ani Muradian
DATE	9/27/2011 3:58:01 PM PDT
RE	2 SISTERS MARKETING CONCEPTS LLC 501675374

COVER MESSAGE

Ani Muradian | Business Special Filing Specialist 323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com www.legalzoom.comhttp://www.legalzoom.com/ | 101 N. Brand Blvd., 10th Floor Glendale, CA 91203

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7 11 04:26p Ro	bin Mayo		910-568-4051	p.1	
•	•		इत कर रिम्मीस च कर्म	•	
		COVER LETTER			
TO: Registration S Division of Co					
SUBJECT: 2 SISTE	ERS MARKETING CON				
	(Name of Lin	nited Liability Company)			
The enclosed Articles o	f Amendment and foc(s) are so	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Barbara Dang				
	Daibara Darig	(Name of Person)	<u> </u>		
	Legalzoom.com, Ind				
		(First/Company)			
	100 W. Broadway S			I SEP 28 BRETARY LAHASSE	•
		(Address)		P 2	-
	Glendale, CA 91210				I
		(City/State and Zip Code)			
For further information	concerning this matter, please (call:		OKA D	(
Barbara Dang		at (323) 962-8600		20m	
(Namid)	of Person)	(Arta Code & Daytime	Telephone Number)		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	\$30.00 Piling Fee & Certificate of Status	SSS 00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy	us &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

p.3

Sep 27 11 04:27p

Robin Mayo

910-568-4051

ture of New Registered Agrat)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2 SISTERS MARKETING CONCEPTS LLC (Name of the Limited Liability Company as It no: (A Florida Limited Liability Co	w godens on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>1.10000086423</u>	on 08/17/2010 and
This amendment is submitted to amend the following:	ASSEE.
A. If amending name, enter the new name of the limited liability comp	nany bere:
The new name must be distinguishable and end with the words "Limited Liabilit" L.L.C."	ry Company," the designation "LLC" or the about distinct
B. If amending the registered agent and/or registered office address tered agent und/or the new registered office address here:	ess on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: Audio Mon Audi	(Enter Florida street address) (Enter Gorda L 33823 (Zip Code)

New Resistered 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.

Page 1 of 2

p 27 11 04:27p	Robin Mayo	910- <u>568-4051</u>	p.2			
If amending	the Managers or Managing Members Member being added or removed fro	on our records, enter the title, name, and adde	ress of each Manager			
MGR = Max		III DRE PROPER				
Title	Name	Address	Type of Action			
MGRM	REAM, JOBE L	412 OLD WINTER HAVEN ROAD AUBURNDALE FL 33823 US	Add Remove			
MGRM	Robin Mayo	412 OLD WINTER HAVEN ROAD AUBURNDALE FL 33823 US	Add Remove			
			Add Remove			
4-7-7-4-4-A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Addi Remove			
ad a place de la compansión de la compan			Add			
			Add S S S S S S S S S S S S S S S S S S			
D. Hamend	ing any other information, enter chang	e(s) here: (Anach additional sheets, if necessary.)				
Dated Silly	De L Keam	r or authorized representative of a member				
\mathcal{C}	REAM, JOBE L	<u></u>				
Typed or printed name of signee Page 2 of 2						

Filing Fee: \$25.00