

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

SEP 1 9 2011

EXAMINER



800212032058

09/16/11--01034--019 **25.00

FILED

11 SECRETARY OF STATE

ANALYSIS FOR THE STATE OF T

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Toll-Free: 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

September 1, 2011

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Amendment: Made in China LLC

Ladies and Gentlemen:

Please find enclosed for filing amendment documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

My Corporation 23586 Calabasas Rd., Suite 102 Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 877-692-6772.

COVER LETTER

Division of Corporations	
SUBJECT: MADE IN CHINA, LLC	
(Name of Limited L	iability Company)
The enclosed Articles of Amendment and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the	following:
Post Formation Filings	
(Name of Person)
MyCorporation Business	
((Firm/Company)
23586 Calabasas Rd., St	uite 102
	(Address)
Calabasas, California 91	
(City	/State and Zip Code)
For further information concerning this matter, please call:	
Post Formations (Name of Person)	at (877) 692-6772 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\int \text{\$\sum \$\\$30.00 Filing Fee & \$\sum \text{\$\sum \$\}\$\$ Certificate of Status	\$55.00 Filing Fee & \$60.00 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

	MADE IN CHINA, LLC	
(<u>Name of the Limited</u>)	Liability Company as it now appears on our recording Limited Liability Company)	rds.)
(Tronkin Emined Emonity Company,	
The Articles of Organization for this Limited Lia	ability Company were filed on 09/22/2010	and assigned
Florida document number <u>L10000099186</u>	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
SpringBoard Promotional Labs, LLC The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our records, ice address here:	enter the name of the new
Name of New Registered Agent:	w	SE TAL
New Registered Office Address:		F B T 1
The state of the s	(Enter Florida st	treet address
	101	SE SE
	(City)	rida Coue)
	(- · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Re	egistered Agent:	TE A
he provisions of all statutes relative to the proceept the obligations of my position as regist	l agent and agree to act in this capacity. I furt oper and complete performance of my duties, tered agent as provided for in Chapter 608, F egistered office address, I hereby confirm that hange.	and I am familiar with and S. Or, if this document is
	(If Changing Davietoral Agent Signature a	f Nov. Dogictand Arout)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
	-		Add Remove
			Add Remove
			Add Remove
The Administra			Add Remove
			Add Remove
			Add Remove
. If amend	ling any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	-
ated 9	17/11 Care A	3	
	Jeffery Baker, Member	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00