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(Requestor's Name)				
(Address)				
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(CI	ty/State/Zip/Phone	∍ #)		
PICK-UP	☐ WAIT	MAIL		
	<u> </u>			
(Business Entity Name)				
(5)	Johnson Emily Man			
(Dx	ocument Number)			
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Certified Copies	Certificates	of Status		
Special Instructions to	Eiling Officer			
Special instructions to		INIT		
A. LUNT				
NOV - 3 2010				
EXAMINER				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		2010 NOV -1 SECRETAR TALLAHAS	71		
SUBJE	CT:	HYBRID MARK	ETING SYSTEMS LLC	;	AFFE PARTY	
		Name of Lim	ited Liability Company	, , , , , , , , , , , , , , , , , , , 	S	FILED
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		PH 12: 39	
Please r	eturn all corresp	ondence concerning this matter	r to the following:		**	
			Name of Person		_	
	CRAIG'S CONNECTIONS LLC					
	Firm/Company					
		299 NOR	299 NORTH RIVERSIDE DRIVE, PH-6			
			Address			
		F	POMPANO, FL 33062			
		City/State and Zip Code ELDERCRAIG2000@YAHOO.COM E-mail address: (to be used for future annual report notification)			_	
For furt	her information	concerning this matter, please of	•	neadon)		
		IG C ANDRUS	at (954)	401-1050		
	Name (of Person	Area Code & Daytin	ne Telephone Numl	oer	
Enclose	d 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 enclose	Certifi d) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclos	sed)

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 Liabili	TKETING SYSTEM	S LLU	
(<u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	09/27/2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	r <u>e</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "Like for the abbreviation	
Enter new principal offices address, if applicable:		S.R.	
<u>(Principal office address MUST BE A STREET ADL</u>	ORESS)		
Enter new mailing address, if applicable:	****		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter the name of the new	
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

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

Title <u>Address</u> Type of Action <u>Name</u> **MGRM BROADWAY ASSOCIATES LLC** C/O MICHELE SPITZ ✓ Add Remove PO BOX 244444 **BOYNTON BEACH FL 33424** ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ADD EIN NUMBER: 27-3545786 (for Hybrid Marketing Systems LLC) OCTOBER 26 2010 Dated Signature of a member or authorized representative of a member CRAIG C ANDRUS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00