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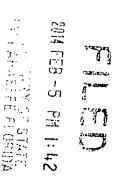
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burke International Marketing Group LLC

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:

	Matthew Bu		
	Americom	Name of Person	
		Firm Company	
	33 NE 2nd	ST. Suite 300	
		Address	
	Fort Lauder	dale, Florida 333	01
	mrbusa@bellsou		. 833 833
	E-mail address	(to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please of	eall:	m S B
Matthew	Burrell	at 866 824-1	770 5 5
No	nme of Person		Telephone Number (1)
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ce \$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)
Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ity Company as it now appears on a a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number L10000118320	Company were filed on Nover	mber 12, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the words "Li	mited Liability Company," the design	nation "LLC" or the abbre	viation: L.L.C."
Enter new principal offices address, if applicable:		m	
(Principal office address MUST BE A STREET ADDI	RESS)	3.5 .00	CO econor
		(/) * * * * * * * * * * * * * * * * * * *	OT B
		T)	7 28 111
Enter new mailing address, if applicable:		టు కే <u>22</u> 3	
(Mailing address MAY BE A POST OFFICE BOX)		5	<u>∼</u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our lress here:	records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet address	
•		Florida	
	City		ip 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** 33 NE 2nd ST. suite 300 Todd Harrell **AMBR** Fort Lauderdale, FL. □ Remove □ Add ☐ Remove _□ Add ____ □ Remove

fective date, if other than the date e effective date must be specific, cannot be e date this document is filed by the Florida	prior to date of receipt or filed date and cann	(optional) of be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

