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K. SALY EXAMINER JAN 26 2011

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Geo Political S	Strategies Group, Ll	LC			
		ited Liability Company				
	of Amendment and fee(s) are sulpondence concerning this matter	-				
٠		Donna Tafuro				
		Name of Person		•		
	Geo Po	litical Strategies Group	, LLC			
Firm/Company						
	1404 W Fletcher Ave					
		Address				
Tampa, FL 33612						
		City/State and Zip Code				
	donna@seligmultimedia.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
Ε	Donna Tafuro	at (813)	708-1221			
Name of Person		Агеа Code & I	Daytime Telephone Nun	nber		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certi:	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)		
MAII	LING ADDRESS:	STREET/C	OURIER ADDRESS	S:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 JAN 24 PM 12: 14

Geo Pol	itical Strategies, LLC	S TAL	CALIARY OF STATE LAHASSEE, FLORIDA	
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	rs on our records.)	AUINOSTR	
The Articles of Organization for this Limited Liability	Company were filed on	1/18/11	and assigned	
Florida document number L1100006364	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	•	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	my," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter</u>	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Baruch Chambliss, Monique	1404 W Fletcher Ave Tampa, FL 33612	Add Remove
MGRM	Coyne, Monique	1404 W Fletcher Ave Tampa, FL 33612	☑ Add ☐ Remove
			Add Remove
			Add Remove
		•	Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
Dated	January 20 ,20	11	_
	Signature of a member	or authorized representative of a member	-
		Donna Tafuro or printed name of signee	···

Page 2 of 2

Filing Fee: \$25.00