## L11000014760

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2011 DEC 30 AM U: 43
SECRETARY OF STATE

C. LEWIS

JAN 4 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns ma	**	ing the same	Page Made		
SUBJE	A STATE OF THE STA	Peterson Co	mmunications,	IIC	. •		
SUBJE			ited Liability Company				
			,				
The end	closed Articles of Amendr	ment and fee(s) are sub	omitted for filing.				
Please 1	return all correspondence	concerning this matter	to the following:				
	Maria de America.		Travis Peterson	<u> </u>			
			Name of Person				
		Peters	son Communicatio	ons, LLC			
			Firm/Company				
		200 East	Government Stree	et, Suite 220			
			Address	-			
		F	Pensacola, FL 325	502			
	City/State and Zip Code						
	<del></del>	travis E-mail address: (1	@impactcampaigu to be used for future annua	ns.com al report notification)	<u> </u>		
For furt	her information concernir	ng this matter, please c	all:				
Travis Peterson		at ( <u>850</u> )		5262			
	Name of Person		Area Co	de & Daytime Telep	hone Number		
Enclose	ed is a check for the follow	ving amount:					
<b>₽</b> \$25.		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy	<b>-</b>	\$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

FILED

2011 DEC 30 AM 1: 43 (Name of the Limited Liability Company as it now appears on our records) RETARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ 02/01/2011 \_\_\_ and assigned Florida document number \_\_\_\_\_ L11000014760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 5320 Powrie Drive Pensacola, FL 32504 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 = Ma MGRM = M	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Travis Peterson	200 East Government Street Suite 220 Pensacola, FL 32502	Add P Remove
MGRM	Tara Peterson	5320 Powrie Drive Pensacola, FL 32504	Add ✓ Remove
<u>MGRM</u>	Impact Strategies, LLC	5320 Powrie Drive Pensacola, FL 32504	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
		P. C. P. C.	PILED 2011 DEC 38 AM W: 4-3 3 LERGITARY OF STATE
Dated	December 29 , 2	per or authorized representative of a member	OF STATE
	TrANS	Defevs on ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00