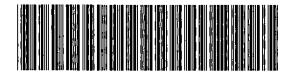
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Sec Division of Corp		w			
SUBJECT:	MLO Mane of Limite	rketing, L	LC_		
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	Dal	las yates			
		Name of Person			
				٠	
	PO Box	Firm/Company.			
		Address	1		
	Islamora		036		
		City/State and Zip Code S (S @ Notwa be used for future annual report notific			
For further information co	ncerning this matter, please ca	•	SEC	13 A	क उन्नेजर्भ
Dallas	yates	at 305, 8795	723 AHA	AUG -6	Enclosed Page
Name of	Person	Area Code & Daytime	Telephone Number	7	
Englosed is a check for the	following amount:		LORID	AM 10: 19	-
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee. Certificate of Stat Certified Copy	us &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLOr	narke	ting, L	LC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it i Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number $L 1000356^{\circ}$	Company were fi	2/2	:)	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability con	npany here:			
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the o	designation "LLC"	or the abl	oreviation
Enter new principal offices address, if applicable:			er.		
(Principal office address MUST BE A STREET ADD	ORESS)		TAL	ည်	
Enter new mailing address, if applicable: (Mailing address MAY BE.A POST OFFICE BOX)			CRETARY OF STAIL	AUG -6 AM 10: 19	account of the second of the s
B. If amending the registered agent and/or registered agent and/or the new registered office ad		dress on our reco	ords, enter the n		the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florie	da street address		
			. Florida		
	Ciņ			p 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 60S. 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 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>:

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u> M	Marlo Yates	76381 Overseas Hwy Islamorada FL 330	Add Remove
M <u>GRM</u>	William Crispin	7401 NW 18th Ave Gainesville FL326	Add Remove
NGR	Dallas yates	Po Box 695 Islamorada FL 3383	Add Remove
		ALLAHASSEE	Add Remove
		FLORIDA	Add Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ated	August 1 2013
	1 11 1
	(1) & Cuspin
	Signature of a member or authorized representative of a member
	William K. Crispin
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 AUG -6 AH IO: 19
SECKLIANY OF STATE
TALLAHASSEE, FLORID,