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SECRETARY OF STATE
ORID

J. SAULSBERRY EXAMINER

OCT 10 2011

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: TH	IE RELENTLESS I	MARKETING GROUP L.L	C.	
SUBJECT:		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspor	ndence concerning this matter	r to the following:		
	JOM	, <u>.</u>		
		Name of Person		
THE RELENTLESS MARKETING GROUP L.L.C.				
		Firm/Company	TA: 26	
	13794 NE 262ND LOOP		2011 OCT -7 SEGRETAR' FALLAHASS	
		Address	HARA CT	
	RAII	FORD , FLORIDA 23083	# <u>#</u>	
		City/State and Zip Code		
	DIVINEINTERVE E-mail address: (NTION.HENDERSON@GMA to be used for future annual report notificat	IL.COM ORIDA	
For further information co	ncerning this matter, please of	•	DM ∞	
JOMO SEK	OU HENDERSON	at (904)76	9-9656	
Name of	Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Liability (ompony as it now appears on our records.)				
(A Florida Lis	ompany as it now appears on our records.) nited Liability Company)				
The Articles of Organization for this Limited Liability Cor	npany were filed onJUNE 30, 2011 and assigned				
Florida document numberL11000075877					
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the limite	d liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	70 Z0				
(Principal office address MUST BE A STREET ADDRE					
	AT T				
Enter new mailing address, if applicable:	EE. Y OF				
(Mailing address MAY BE A POST OFFICE BOX)	LOST 8				
3. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, enter the name of the new is here:				
Name of New Registered Agent:	siness filings Incorporated				
New Registered Office Address: 120	3 Govenors Square Blvd. Ste. 101 Enter Morida street address				
_ Ta	Clay Florida 32301-2960				
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.

Page 1 or 2 Business filings Incorporated

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						
<u>Title</u>	Name	Address	Type of Action			
MGRM	ODESSA LOVE	1636 WEST 30TH STREET JACKSONVILLE , FLORIDA 32209	Add Remove			
MGRM	From Thought 2 Fruition	13794 NE 262ND LOOP RAIFORD _FLORIDA.32083	Add Remove			
MGRM	180° Drafting Company	13794 NE 262ND LOOP RAIFORD , FLORIDA 32083	Add Remove			
MGRM	RONNIE C. HART	800 BEARSES WAY ; APT 1EA HYANNIS, MASSACHUSETTS 02601	Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)				
Dated	Hosea 310 , 2011		2011 OCT -7 AH 8: 09 SECRETARY OF STATE TALLAHAS SEEL FI TRIES			
	/ /	authorized representative of a member				
_		KOU HENDERSON printed name of signee				

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Filing Fee: \$25.00