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SECRETARY OF STATE
ALL AHASSEE FLORID.

D. BRUCE
DEC 14.2011
EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co	Section orporations	,		
SUBJE	CT:	ProLir	nks Holding, LLC	•	
			imited Liability Company		_
		f Amendment and fee(s) are	-		
Please r	eturn all corresp	oondence concerning this ma	tter to the following:		
			Susan Breid		
		•	Name of Person		
			Zappia & LeVahn, Ltd	•	_
			Firm/Company		
		94	1 Hillwind Rd NE, Suite	301	
			Address		
			Fridley, MN 55432		DEC 13
			City/State and Zip Code		EC 13 AM
		hca\ E-mail addres	/ner@3mchampionship s: (to be used for future annual rep	ort notification)	
For furt	her information	concerning this matter, pleas	•	ŕ	OF STATE
		lollis Cavner	at (_612)	385-3831	
	Name	of Person	Area Code &	z Daytime Telephone Numb	per
Enclose	d 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 e	Certifi enclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327	Registration Division of Clifton Bui	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ProLinks	Holding, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Com	pany were filed on	August 15, 201	1 and ass	signed
Florida document numberL11000094499				
• .				
This amendment is submitted to amend the following:			•	
A. If amending name, enter the new name of the limited	l liability company he	ere:		
	Sales Solutions, L			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Comp	pany," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u></u>			
		· · · · · · · · · · · · · · · · · · ·	E C	<u> </u>
			SSE Y	
Enter new mailing address, if applicable:				
(Mäiling address MAY BE A POST OFFICE BOX)			SS TO	0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name o	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = MGRM		ger naging Member			
<u>Title</u>		Name		Address	Type of Action
	-				□ Pomovo
	-				_
\$.	· -				Remove
· ·	-				<u> </u>
	-				
	-				Domestic.
D. If am	nending	g any other informati		(s) here: (Attach additional sheets,	if necessary.)
					TI LE TARY OF THE SSEE, F
					OF STATE ORIDA
Dated		December 9	201 XVS0	en breid	
	_	Signa		or authorized representative of a memb Susan Breid r printed name of signee	er

Page 2 of 2

Filing Fee: \$25.00