L11000094828

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COVER LETTER

TO: Registration Sec Division of Corp			
	Marketing, LLC		
SUBJECT:	 		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jared Rhodenizer		
		Name of Person	
		Firm/Company	
		Address	
	rhodenizermarketing@gma	City/State and Zip Code il.com	766
	E-mail address: (to be used for future annual report no	otification)
For further information co	ncerning this matter, please ca	all:	
Jared Rhodenizer		229 292-7510 at ()	<u> </u>
Name of		Area Code Dayt	ime Telephone Number
Enclosed is a check for the □ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rhodenizer Marketing, LLC		
	Liability Company as it now appears on our re Florida Limited Liability Company)	<u>:cords.</u>)
The Articles of Organization for this Limited Liab Florida document number L11000094828	ility Company were filed on 08/17/2011	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
CarsonJames.com LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		
B. If amending the registered agent and/or		ords, enter the name of the new
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		37.0 2
	Enter Florida street a	ddress
		, Florida
	City	(7Zip Code
New Registered Agent's Signature, if changing Reg		WS. T
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this ch	and complete performance of my dutie red agent as provided for in Chapter (gistered office address, I hereby confir	s, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signa	ture of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Add _□ Remove ☐ Change Remove □ Remove ☐ Change _ Add _□ Remove _□ Change

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an effect ote: If	e date, if other than the date of fili tive date is listed, the date must be specific a the date inserted in this block does not	nd cannot be pri meet the appl	icable statutory	or more than 90 di filing requireme	(optional) lys after filing.) P nts, this date wi	ursuant to 60	5.0207 (3)(b) ed as the
ocumen	nt's effective date on the Department of	State's record	ls.				
	rd specifies a delayed effective Oth day after the record is filed		not an effecti	ve time, at 12	2:01 a.m. or	the earli	er of:
ated	eptember 02	2016	//				
		crel_	16				
	Signature of	metiber or and	forized represent	ative of a member		•	
	Signatur y	i member of au					

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Filing Fee: \$25.00