## $\mathbb{E} 11000107017$

(Requestor's Name)		
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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D. BRUCE NOV 0 9 2011 EXAMINER

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то:	: Registration Section Division of Corporations		•	
SUBJE	ч, СТ:		Direct Services	,uc

COVED LETTED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

lenos L. Toland Name of Person Keting Direct Scanzes UC Firm/Company ingspointe PKuy, Suite 106 lonid 01 ma E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PK and сл Name of Person Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount:

\$25.00 Filing Fee

530.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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
ΤΟ
ARTICLES OF ORGANIZATION
OF
Marketing Direct Services, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on 9-19-1123 =
orida document number <u>211000107017</u>
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation .L.C."
ater new principal offices address, if applicable: 7751 Kings Pointe PKY

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

gspo.hte

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	VERNOR 6	. Toland
New Registered Office Address:	7751 Kingspe	Dinte PKy Suite 106
	Orlando	Florida street quaress
	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</u> or Managing Member being added or removed from our records:

MGR = M MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
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·			Add Remove
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			Add

## **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		LORICE STAT	D
— Dated	11-4, 2011	<u> </u>	
	Signature of a member or authorized representative of a member Venne C-Tola Typed or printed name of signee		
	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00