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TO: Registration Section Division of Corporations	i	· #::	•	i
SUBJECT: MANKETKING LLC Name of Limited Liability Company	,	in the second		The second
Hame of Limited Liability Company		1 1		
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	1	, ,		1
The enclosed Articles of Amendment and fee(s) are submitted for filing.	:	: 4		,
Please return all correspondence concerning this matter to the following:				į
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11/1/10 Francis Wastatles	. 1	***************************************		
Name of Person	·	1	::/	
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MANKET KENGLLE & G.MAIL. Com E-mail address: (to be used for future-dennual report notification)		V	5	ECRET
For further information concerning this matter, please call:	:		- Lu	25.7°
William fraws Hosfetler at (786) 222-859 Name of Person Area Code Daytime Telepho	7.5°		圣二:	E, FLOR
Name of Person Area Code Daytime Telepho	one Number			計
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Enclosed is a check for the following amount:		18 (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19)	: ; ;	1
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop	f Status [&	to come (apply the to the party of

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 TO ARTICLES OF ORGANIZATION OF

MARKETKENS LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)	records.)	2
The Articles of Organization for this Limited Liability Company w	vere filed on <u>//-23</u>	-2011	and assigned
Florida document number <u>L11000133386</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:	1	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	801 LE/AN	1 HEigh	1/8 BIVD WEST
(Principal office address MUST BE A STREET ADDRESS)	LEhigh H	ICKES, F	100x10A 33936
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JECRET AH
B. If amending the registered agent and/or registered office address here:		ecords, <u>enter th</u>	ne name of the new
Name of New Registered Agent: MAK	LEELAND A	NA	5 5
New Registered Office Address:	LEELAND A	Eights !	BIVA WEST
	Enter Florida street ACAES City	, Florida	33936 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 605, 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	Authorized Person(s) authorized to man	age, <u>enter the title, nam</u>	e, and address of e	ach person being added
MGR = Ma	from our records: anager	, ,	:	
AMBR = Au	ithorized Member	•		
<u>Title</u>	Name	Address	. : .	Type of Action
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