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S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2016

JACOB FASSNACHT 425 E SPRUCE STREET TARPON SPRINGS, FL 34689

SUBJECT: DIRECT MAIL MARKETERS, LLC

Ref. Number: L11000137404

We have received your document for DIRECT MAIL MARKETERS, LLE and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00002382-

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

P.O. Box 6327

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address	NAME OF CORPO	PRATION: Direct Mail Marke	ters, LLC		_
Please return all correspondence concerning this matter to the following: Jacob Fassnacht	DOCUMENT NUM	IBER: L11000137404			_
Name of Contact Person Direct Mail Marketers, LLC Firm/ Company 425 E. Spruce Street Address Tarpon Springs, FL 34689 City/ State and Zip Code jake@imagemedia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Fassnacht at (727			bmitted for filing.		
Name of Contact Person Direct Mail Marketers, LLC Firm/ Company 425 E. Spruce Street Address Tarpon Springs, FL 34689 City/ State and Zip Code jake@imagemedia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Fassnacht Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address	Please return all corre	espondence concerning this ma	tter to the following:		
Direct Mail Marketers, LLC Firm/ Company 425 E. Spruce Street Address Tarpon Springs, FL 34689 City/ State and Zip Code jake@imagemedia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Fassnacht Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State: State: State: Mailing Address Street Address Street Address Street Address		Jacob Fassnacht			
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Amendment Section Amendment Section Division of Corporations Division of Corporations		nendment Section			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	IN as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on	/2012 and assigned
Florida document numberL11000137404		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
AdChicp, LLC The new name must be distinguishable and contain the words "Limited Liabi		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		23 3 寸
		#3 1 F
Enter new mailing address, if applicable:		मि नि
(Mailing address MAY BE A POST OFFICE BOX)		
_	/	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:	,	
New Registered Office Address:	Enter Florida street ac	ddress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature 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>	' <u>Name</u>	Address	Type of Action
			□ Add
	·		□ Remove
			Change
			Add
			Remove
			Change
			∑ Add
		Remove.	
			☐ Change
			STOP Add
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			□ Remove
			Change.

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or rote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
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Signature of a member or authorized representativ	e of a member

Page 3 of 3

Filing Fee: \$25.00