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SECRETARY OF STATE ORID.

J. BRYAN

MAR - 5 2012

EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Sasy Hav Name of Lim	150r Mar Ketin ited Liability Company	g.LLC
The enclosed Articles of An	nendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	1502 tar Navo info@ea	Name of Person Advisor Mark Firm/Company VEST VIllage Address Address City/State and Zip Code Sy advisor marketing To be used for future annual report notifica	Court 566 g.com
For further information conc		all;	
Star Name of Pe	Darling	at (SSD) 939- Area Code & Daytime T	1900 elephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	\$30.00 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 TO ARTICLES OF ORGANIZATION OF

Easy A	dvisor Market	hing LLC	
(Name of the Lipsited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	on out-records.)	
The Articles of Organization for this Limited Liabil Florida document number 12006230		b 16,3012 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)	SEC T	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	AR-2 PH 1-13 AHASSEE FLORII	
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida street address		
_	<u> </u>	, 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 = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** MBR Edwin A. COX Remove ☐ Add ☐ Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) dra Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00