Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : LINDELL & FARSON, P.A.

Account Number : 120030000019

Phone

: (904)880-4000

Fax Number

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*Enter_the email address for this business entity to be used for future and under the mailings. Enter only one email address please. **

LEË AMND/RESTATE/CORRECT OR M/MG RESIGN LOCAL MOBILE INTERACTIVE, LLC

MAY - 8 2012

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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COVER LETTER

	Local Mobile Interactive, LLC Name of Limited Liability Company	7.0
SUBJECT:	Local Mobile Interactive, LLC	<u>'</u> _
_	Name of Limited Liability Company	¥
The enclosed a	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	ll correspondence concerning this matter to the following:	
	Roger K. Gannam, Esq.	
	Name of Person	
	Lindell & Farson, P.A.	
	Firm/Company	
	12276 San Jose Boulevard, Suite 126	
	Address	
	Jacksonville, Florida	
	City/State and Zip Code	
	rgannam@lindellfarson.com	
	E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning this matter, please call:	
	Roger K. Gannam, Esq. at (904) 880-4000	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a	theck for the following amount:	
\$25 ,00 Fili	ng Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	n

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

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\mathbf{A} AR

ARTICLES OF AMENDMENT	4 1000 PM JU 100
TO	May The State of t
ARTICLES OF ORGANIZATION OF	14 19
LOCAL MOBILE INTERACTIVE, LLC	
(Name of the Limited Liability Company as it now appears on our rec	ards.)

The Articles of Organization fo	or this Limited Liability Compan	y were filed on	May 2, 2012	and assigned
Florida document number	L12000059357			
This amendment is submitted to	o amend the following:			
A. If amending name, enter	the new name of the limited list	bility company here	≩:	
The new name must be distinguis 'L.L.C."	hable and end with the words "Lir	nited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:	· · · · · · · · · · · · · · · · · · ·		
Principal office address MUS	T BE A STREET ADDRESS)			
				
Enter new mailing address, i	f applicable:			
(Malling address MAY BE A	POST OFFICE BOX)			
				·
	red agent and/or registered ew registered office address he		ur records, <u>enter t</u>	he name of the new
Name of New Regist	ered Agent:			
New Registered Office	ce Address:			·····
		Enter Florida street address		
			, 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

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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

Title	Name	Address	Type of Action		
MGR_	KEITH J KESSLER	12718 CORMORANT COVE LANE JACKSONVILLE, FL 32223	Add Remove 		
MGR	DINA A KESSLER	12718 CORMORANT COVE LANE JACKSONVILLE, FL 32223	Add Remove		
MGR	JOHN K HARRIS	1036 WHARF INDIGO PLACE MT_PI FASANT, SC 29464	Add Remove		
			Add Remove		
			Add Remove		
<u></u>			Add Remove		
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
					
Dated	MAY 2 , 201	r authorized representative of a member			
	ROGER	K. GANNAM, ESQ.			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00