

L12000059357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

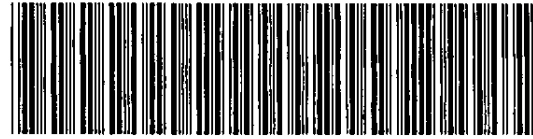
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TALLAHASSEE, FLORIDA

2013 AUG 23 PM 12:05

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08/23/13--01024--009 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Local Mobile Interactive, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Don Biroschik

Name of Person

Don Biroschik CPA, P.A.

Firm/Company

35 Knight Boxx Rd, Suite 4

Address

Orange Park, FL 32065

City/State and Zip Code

dkessler@kesslercreative.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Biroschik

Name of Person

at (904) 276-2262

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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

FILED
2013 MAY 23 PM 1:05
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Local Mobile Interactive, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2013 MAR 23 PM 12:06
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

The Articles of Organization for this Limited Liability Company were filed on 5/2/2012 and assigned
Florida document number L12000059357.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IFDA, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	Dina Kessler	12276 San Jose Blvd	<input checked="" type="checkbox"/> Add
		Suite 115	<input type="checkbox"/> Remove
		Jacksonville, FL 32223	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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2013 APR 23 PM 1:05
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member

Donald L Biroschik

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 23 PM 10:05
CLERK OF CIRCUIT
PALM BEACH COUNTY, FLORIDA

FILED