## L1200006543

(Re	questor's Name)		
(Ad-	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
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· (Bu	siness Entity Nan	ne)	
(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

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Division of Co	rporations				
SUBJECT:	Ban	kAds, LLC			
30 <b>B</b> 32C1,		ted Liability Company	" " " " " " " " " " " " " " " " " " " "		
		•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Sean P. Sullivan			
	Name of Person				
	Firm/Company				
	32	SE 2nd Avenue, # 437			
		Address	<del></del>		
	Delray Beach, FL 33444				
	City/State and Zip Code				
	sean@bankads.com  E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c		(ion)		
ror futuler information	concerning tims matter, picase c	an.	•		
	Hengst, Esquire	at ( 561 ) 5	73-8826		
Name	of Person	Area Code & Daytime 1	'elephone 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:

TO:

**Registration Section** 

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

BanksAd	s, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company	were filed on	4/9/12	and assigned
lorida document numberL12000065543			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
BankAds,	LLC		
he new name must be distinguishable and end with the words "Limit L.L.C."	ed Liability Compa	ny," the designation "	'LLC" or the abbreviation
nter 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)			
3. If amending the registered agent and/or registered off		our records, <u>enter</u>	the name of the new
egistered agent and/or the new registered office address here	<b>:</b>		
Name of New Registered Agent:		······	TAE 12
New Registered Office Address:			<u> </u>
	En	ter Florida street ad	drasi =
		, Florida	გე გე დ <b>[</b>
	City		Ap Code
iew Registered Agent's Signature, if changing Registered Agent:			D
			RATE #8

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Add Remove	
			Add Remove	
			Add Remove 	
			Add Remove	
	<del> </del>		Add Remove	
D. If amen	iding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
_				
_				
Dated	· · · · · · · · · · · · · · · · · · ·	•		
	Sign was at a membe	er or authorized representative of a member		
	•	Sean P. Sullivan		
		d or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00