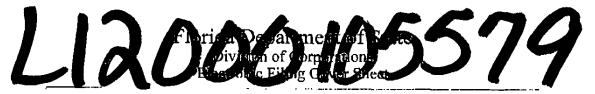
Ķ.



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000208623 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ACENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone

Fax Number

: (302)575-0875 : (302)575-1642

**Enter the email address for this business entity to be used for Puture annual report mailings. Enter only one email address please. **

Emai.	l Ad	dros	8	:
	-~-			•

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATEGIC CRM SOLUTIONS LLC.

Certificate of Status	U
Certified Copy	0
Page Count	et 2
Estimated Charge	\$25.00

AUG 2 1 2012

Electronic Filing Menu

Corporate Filing Menu

H12000208623 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lini (A Pior	Office CRIM SOLUTIONS Office Company as it now appeared Limited Limity Company)	ars on our records.)		
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company ho	Ye:		
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable		pany," the designation "LLC" or the abbreviation		
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:		SEE. FLOR		
(Malling address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office:		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	E	nter Florida street address		
	, <u>- ,</u>			
	City	, Florida <u>Zip Code</u>		

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 = Ma	inager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT IAFELICE	US HIGHWAY 41 N APOLLO BEACH, EL 33572	Add Remove
MGR	SHARON IAFELICE	US HIGHWAY 41 N APOLLO BEACH, EL 33572	Add Remove
			Add Remove
			Add Remove
			Add Remove
W			Add Remove
D. If amend	ling any other information, enter char	ogu(s) berv: (Attach additional sheets, if necessary.)	_
			SECRETARY: TALLAHASSEE
Dated	8720×12. A		O AL

Typed or printed name of signee Page 2 of 2

er or authorized representative of a member

Filing Fee: \$25.00

APPROVEO AND FILFO