

L12000124428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

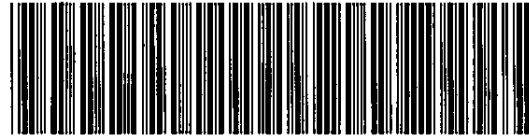
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 JAN -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2014

T. BROWN



January 3, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **Articles of Amendment to Articles of Organization**
Adpire Contact LLC

To Whom It May Concern:

Enclosed please find **Articles of Amendment to Articles of Organization** that was completed for our client, **Adpire Contact LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me.

Thank you,

Shayna Desai
LicenseLogix
150 Grand Street, 4th Floor
White Plains, NY 10601
sdesai@licenseologix.com
(800) 292-0909 x303

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adpire Contact 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:

Shayna Desai

Name of Person

LicenseLogix

Firm/Company

150 Grand Street, 4th Floor

Address

White Plains, NY 10601

City/State and Zip Code

ak@adpiremedia.com

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

For further information concerning this matter, please call:

Shayna Desai

Name of Person

at (800) 292 - 0909

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
14 JAN -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Adpire Contact LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9-28-2012 and assigned
Florida document number L12000124428.

This amendment is submitted to amend the following:

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

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:

8800 49th Street North

(Principal office address MUST BE A STREET ADDRESS)

Suite 110-112

Pinellas Park, FL 33782

Enter new mailing address, if applicable:

8800 49th Street North

(Mailing address MAY BE A POST OFFICE BOX)

Suite 110-112

Pinellas Park, FL 33782

**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 605, 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>
_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

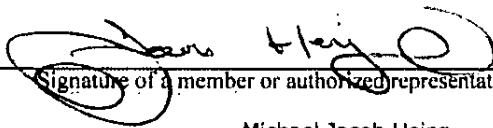
_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

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

Dated JANUARY 3RD 2014



Signature of a member or authorized representative of a member.

Michael Jacob Heinz

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00