L17000001351

(Requestor's Name)

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(Document Number)

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14 JUL -8 AM 9:00

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June 23, 2014

**USPS Tracking: 9114 9011 5981 8335 1207 19**
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

**RE: Customer Service Network Group, LLC, Mediaiders, LLC and Synergistic Marketing Solutions, LLC**
**Our File Nos: 22770.002- .007**

To Whom It May Concern:

Enclosed please find the original signed Articles of Amendments to Articles of Organization (3) for filing regarding the name changes of Customer Service Network Group, LLC, Mediaiders, LLC and Synergistic Marketing Solutions, LLC. Also enclosed are three (3) separate checks in the amount of $30.00 for filing fee of each entity.

Please file the enclosed documents in the following order:
1. Customer Services Network Group, LLC will change its name to Enjoy Fun, LLC
2. Mediaiders, LLC will change its name to Customer Service Network Group, LLC
3. Synergistic Marketing Solutions, LLC will change its name to True Incentives, LLC

Please return the certified copies to our Boca Raton office in the enclosed self addressed stamped envelope.

Thank you and should you have any questions, please feel free to contact me.

Sincerely,

**MORRIS LAW GROUP**

Stuart R. Morris
SRM/lsg
Enclosures

P:\22770.007\Ltr to FL Dept of State re filing Amend to Arts of Org re name change.DOC

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** SYNERGISTIC MARKETING SOLUTIONS, 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:

Stuart R. Morris, Esq.
Name of Person

Morris Law Group
Firm/Company

7284 W. Palmetto Park Road, Suite 101
Address

Boca Raton, FL 33433
City/State and Zip Code

SMORRIS@LAW-MORRIS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey S. Gonsman at (561) 750-3850
Name of Person — 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

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

SYNERGISTIC MARKETING SOLUTIONS, 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 January 3, 2013 and assigned Florida document number L13000001351.

This amendment is submitted to amend the following:

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

TRUE INCENTIVE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:** n/a

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:** n/a

***(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 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
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| | | _____ | |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | |

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

**E. Effective date, if other than the date of filing: _____ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 3, 2014

Signature of a member or authorized representative of a member

KOMET INVESTMENTS, LLC, Taylor Billington, Manager

Typed or printed name of signee



**Filing Fee: $25.00**

14 JUL -8 AM 9:00