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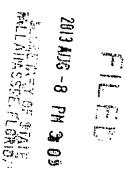
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	orations			
SUBJECT: Ma	nKet OFF Me	aiw LLC		
·	Name of Limit	ed Liability Company		
	•			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	GERALD	Kuss	 	
		Name of Person		
	Market	Firm/Company	<u>C</u>	
				•
	6241	LINCOLN S	7	2013
		Address		
	New F	Address Oct Rickey FL City/State and Zip Code FMan 6241 @ GM o be used for future annual report notification	<u>346</u> 52	7013 AUS -8 PM 3
		City/State and Zip Code	rii o	79 [
	Marketor	-Marx 6241 @ 6 M	a.L. Com	
	Fmail address: (fe	o be used for future annual report notificati	on) 野出	0
For further information co	ncerning this matter, please ca	all:		₩
GERALD	Kuss	at (227) 808-20	690	
Name of	Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check for the	e following amount:			
	•		5	
\$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	

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our place in the company of	records.
The Articles of Organization for this Limited Liability Company	were filed on 3-26	-2013 and assigned
Florida document number <u>L 13000045355</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation
L.L.C.		# 2 B
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	W/A	
		<u> ကို၌)</u> ထ
Enter new mailing address, if applicable:		55 4
(Mailing address MAY BE A POST OFFICE BOX)	<i>\O\A</i>	3 9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new
	<u>-</u> ·	
Name of New Registered Agent:	N/A	`
New Registered Office Address:	, .	
	Enter Floria	da 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 = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	Name		Type of Action
MGR	PRESONT, James H	12919 Wedge wood at	Add
		Hudson, FL 34667	_ Remove
<u>MERM</u>	HelmRich ARThur		Add
		12837 Long Leaf Drive	Remove
		12837 Long Leaf Drive Wew Port Rickey FL 3465	Add 7
			Add Remove
			Add
			Add Remove

f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	8-2-2013
	- Chi
	Signature of a member or authorized representative of a member Oera-LO Kuss
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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