## 1300059441

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2013 HAY 13 PH 3 OT SECRETARY OF STATE

N. Cuttigan MAY 1 4 2013

## **COVER LETTER**

TG: Registration Sec Division of Corp			
SUBJECT: 1 PR	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MA	1/ GARNER Name of Person	
		mo Imase Firm/Company	
	14913	MASTLEA LAN. Address	ding Cincl
	Winfu	City/State and Zip Code  Code	87
	G A A E-mail address: (t	PNPL . MARILB Q 9.00 to used for future annual report notification	<u>mail. Co</u> m
For further information co	ncerning this matter, please co		
MARIC Name of	GARNIA Person	at (407) 694-3 Area Code & Daytime Tel	807 lephone Number
Enclosed is a check for the	e 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

## FILED 2013 HAY 13 PH 3- 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

IPAO	mo Ads	LLC	(Mee con	
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited I	Liability Company			and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name				
I Phomo The new name must be distinguishable and end w	Image L	LC		·
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company	y," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if appli	cable:	NIA	······································	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	n/A		
B. If amending the registered agent and registered agent and/or the new registered of			r records, enter th	e name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A		r Florida street addre	
		Enter		
			, Florida	Zip Code
		City		Zip Code

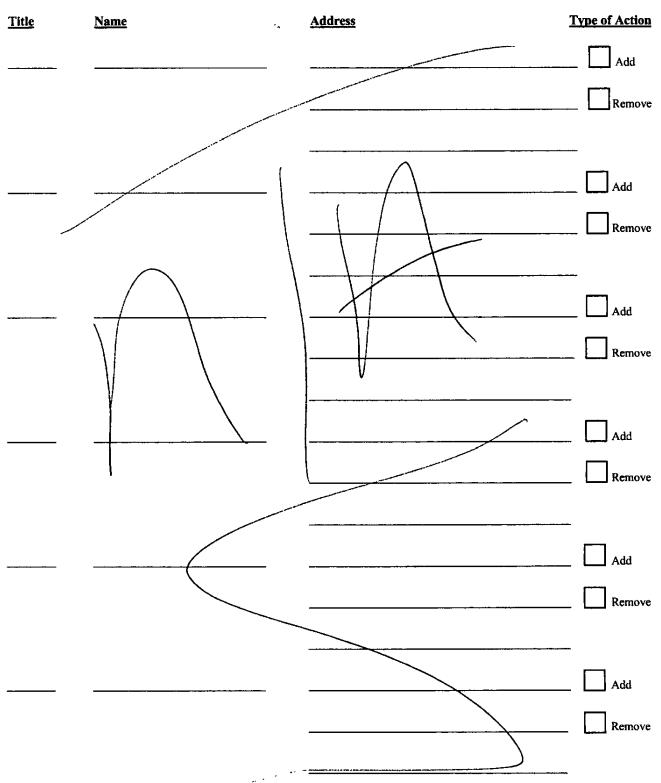
New Registered Agent's Signature, if changing Registered Agent:

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 = Manager MGRM = Managing Member



ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
May 9, 2013.
Signature of a member or authorized representative of a member  MARIL GARNER  Typed or printed name of signee

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Filing Fee: \$25.00