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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

MarketNexus.COM, 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:

Name of Person

1121 S 4th Street

Firm/Company

Suite #272

Address

Hartsville, South Carolina 29550

City/State and Zip Code

cpa599@gmail.com

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

For further information concerning this matter, please call:

Roger Henry

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

MarketNexus.COM, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records,)	
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number <u>L13000095772</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1648 Taylor Rd	· · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	Suite: 372	2018
	Port Orange, Fl 32128	And A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1648 Taylor Rd Suite: 372	ARY OF SI
mating dudiess MAT BE AT OST OFFICE BOX	Port Orange, FI 32128	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	address
<u></u>	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	<u>Ty</u>	pe of Action
				Add
		 		Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
·		
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ed 08/05	, 2013	
	Signature of a member of authorized representative of a member	
Roger Henry		
	Typed or printed name of signee	

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Filing Fee: \$25.00

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