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| PICK-UP                 | ☐ WAIT             | MAIL               |  |  |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MAY 24 2013 ). BRUCE

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: CROWDER Market Reasarch Sorvices LC  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:                   |
| TERESA CROUNDER Name of Person  |
| Chauden Market Renearch Sorvices at C   |
| 2924 Torrapin Ct<br>Address   |
| Gity/State and Zin Code   |
| teresa_crowder@ATT. Net  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:                                |
| Name of Person at (904) 282-280)  Area Code Daytime Telephone Number (52)  Name of Person   |
| Enclosed is a check for the following amount:   |
| S25.00 Filing Fee \$\ \times \$30.00 Filing Fee &   |

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

| Rowder (Name of the Lin   | nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|---|--|
| The Articles of Organization for this Limited Florida document number             | Liability Company were filed on <u>5-28-15</u> and assigned <u>93621</u> .                       |
| This amendment is submitted to amend the fo                                       | ollowing:  |
| A. If amending name, enter the new name   | of the limited liability company here:   |
| The new name must be distinguishable and contain the                              | e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."          |
| Enter new principal offices address, if app                                       | licable:   |
| (Principal office address MUST BE A STRE  | EET ADDRESS)   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC    | <u>E BOX)</u>  |
| B. If amending the registered agent an registered agent and/or the new registered | 2016<br>SEC.   |
| Name of New Registered Agent:   | TERESA CROINDER T  |
| New Registered Office Address:  | GREEN COXE SORTINGS Florida STreet address  GREEN COXE SORTINGS Florida - 304 15                 |
| New Degistered Agent's Signature if shanging                                      | T Degistered Agents  |

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.

f Changing Registered Agent, Signature of New Registered Agent

| amending an      | iy other intormation   | , enter change(s) here                                | e: (Allach adalliond                  | u sneets, ij nece                     | essary.)                           |             |
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| Tective date,    | if other than the dat  | e of filing:  | to date of filing or more             | (optic                                | o <b>nal)</b><br>filing.) Pursuant | to 605.02   |
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