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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rack Addict, UC 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:
Samantha Kue Name of Person
Flashpacker Marketing Firm/Company
89 16th Street South
St. Petersburg, FL 33705 City/State and Zip Code
Flash packer marketing @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samantha Kue at (813) 675-5115 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 Certified Copy (additional copy is enclosed) □ \$55.00 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

El.

ARTICLES OF C	PRGANIZATION F 2016
O	F 2016 FFD
Rack Addi Ct (Name of the Limited Liability Compa (A Florida Limited I	The state of the s
The Articles of Organization for this Limited Liability Company Florida document numberL\5000\8\2\6.7	were filed on $\frac{10/37/15}{400}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Flash packer Marketing LLC	
The new name must be distinguishable and contain the words Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 89 16th Street South Saint Petersburg, FL 33705
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	89 16th Street South Saint Petersburg, FL 33705
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		FILED	
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(If an effec	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	02/12/2016
	Signature of a member or authorized representative of a member
	Samantha Kue Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00