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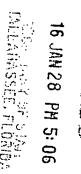
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COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: Conturion Marketing Grap, 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:									
Dean Marshlack Name of Person									
Contucion Marketing Grap LLC									
1005 15+ Avenue North									
St. Peters bur a Florida 33705 City/State and Zip Code Kerry @ J bwe by et. Com E-mail addless: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Name of Person at (813) 356-0137 Area Code Daytime Telephone Number									
Enclosed is a check for the following amount:									
□ \$25.00 Filing Fee Certificate of Status 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

	ted Liability Compa	rketing any as it now app	frag	ords.)				
	(A Florida Limited	Liability Company)					
The Articles of Organization for this Limited L	iability Company	were filed on	01/14/	16	aı	nd assi	igned	
This amendment is submitted to amend the foll	owing:							
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 0/14/16 and assigned								
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the	e designation "L	LC" or the	abbreviat	ion "L.l	L.C."	
Enter new principal offices address, if applic	able:							
(Principal office address MUST BE A STREI	ET ADDRESS)							
								
Enter new mailing address, if applicable:				-		JAN 2	e d Capa my	
• • • • • • • • • • • • • • • • • • • •	BOX)				124 + E 124 + E	<u> </u>	g grave game	
		**************************************			_ 	_∺ ⊐∡	Principle	
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	ffice address : e:	on our reco	rds, <u>ente</u>	rithe n	06me	of the r	ew
Name of New Registered Agent:	DE	tan M	1arsh l	ack				
New Registered Office Address:	1005	1		Nort	4			
	St. Pet	resbur o		Florida _		7C Code	15	
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.

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 = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGMR	Dean Marshlack	1005 1st Avmue North St. Petersburg Florida	_ ⊠ Add
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Filing Fee: \$25.00