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Division of Corporations

Fax Number : (650) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070900020 Phone : (813)435-3176 Fax Number : (713) 429-1276

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGNE EFN MARKETING, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 20 AM 11: 15
FALLAHASSEE. FLORIDA

EFN MARKETING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabil Florida document number <u>L16000089885</u> |                                      | iled on <u>05/06/201</u> 6 | 6                       | and assigned       |
|--|--------------------------------------|----------------------------|-------------------------|--------------------|
| This amendment is submitted to amend the following   | ng:                                  |                            |                         |                    |
| A. If amending name, enter the new name of the   | limited liability co                 | mpany here:                |                         |                    |
| The new name must be distinguishable and contain the words                                       | "Limited Liability Com               | pany," the designation     | on "LLC" or the abbi    | revistion "L.E.C." |
| Enter new principal offices address, if applicable   | è;                                   |                            | <del> </del>            |                    |
| (Principal office address MUST BE A STREET A   | DDRESS)                              |                            |                         |                    |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE RO)              | <u>~</u>                             |                            |                         |                    |
| B. If amending the registered agent and/or registered agent and/or the new registered office     | registered office a<br>address here: | ddress on our i            | records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent:  |                                      |                            |                         | <del></del> -      |
| New Registered Office Address:   | C                                    | Enter Florida stree<br>102 | ei address<br>Florida   | Zip Code           |

New Registered Agent's Signature, it 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

Page 1 of 3

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

| Title | <u>Name</u>  | Address                 | Type of Action      |
|-------|--|-------------------------|---------------------|
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| document's effective date on the  | Department of State's re      | cords.  |  |  |
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| <del>///</del>  | Signature of a member of      | or authorized represen                            | manye of a member                                  |  |
| NICKOLAS J. SPRA  | DLIN AUTHORIZED F             | REPRESENTATIVI                                    | E OF A MEMBER                                      |  |

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