P100000 42145

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NC DRG 1-18-2011 TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Miamimarketer, Inc
DOCUMENT NUMBER:	P10000042145
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	Julie Myers Name of Contact Person
	Traine of Contact Person
	Miamimarketer, Inc Firm/ Company
<u> </u>	758 NE 90 ST, Unit 514
	Address
	Miami, FL 33138 City/ State and Zip Code
julie E-mail address: (to be	@ideasinaword.com e used for future annual report notification)
For further information concerning this ma	tter, please call:
Julie Myers Name of Contact Person	at (786) 280-6051 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
■ \$35 Filing Fee	Standard Filing Fee & Standard Status Certified Copy (Additional copy is enclosed) Standard Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Incorporation of

<u>wiammarketer</u>	, INC .
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
P100000421	45
(Document Number of Corpo	
Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
ldeas In A Word	. Inc The new
name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	corporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	NA
Principal office address <u>MUST BE A STREET ADDRES</u>	Σ) $\Xi_{\Re} =$
C. Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	graph of the control
	NA S. S.
	2
	1
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent: NA	
New Registered Office Address: (F	Florida street address)
	, Florida
(C	(Zip Code)
New Registered Agent's Signature, if changing Registere	od Agent
hereby accept the appointment as registered agent. I am j	
	•
Signature of I	New Registered Agent, if changing

		CHUI CIIICI HIMIVI DIIÇENI DUIIZ HUHCU.	
	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA		_ 🗆 Add
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			_ Remove
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	ding or adding additional Arti		
(attach d	additional sheets, if necessary).	(Be specific)	
01		In a laboration A Management	
<u>Change r</u>	name from Miamimarketer, i	Inc. to Ideas In A Word, Inc	
		·	
			<u></u>
	, , , , , , , , , , , , , , , , , , ,		
		hange, reclassification, or cancellation of is ndment if not contained in the amendment	
(if	not applicable, indicate N/A)		
NA .			
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