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Amend Name

DEC 0 1 2018

I ALBRITTON

COVER LETTER

	gistration Sec ision of Corp				
CUDICT.	Tzephania's	s Marketing LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of a	Amendment and fee(s) are submitted for filing.			
		ndence concerning this matter to the following:			
		John Andres Molina			
		Name of Person			
		Tzephania's Marketing LLC			
		Firm/Company			
		1627 E. Vine St. STE. 208			
		Address			
		Kissimmee, FL 34744			
		City/State and Zip Code			
		John.molina@tzephanias.com			
		E-mail address: (to be used for future annual report notification)			
For further i	nformation co	oncerning this matter, please call:			
John Andre	w Molina	407 954-1517			
	Name of	f Person at (
Enclosed is	a check for th	ne following amount:			
	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Pages are 2 sides

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned Tzephania's 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 Liability Company were filed on $\frac{10/17/2017}{10/17/2017}$ Florida document number L17000214651 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tzephanias Marketing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1627 E. Vine St Enter new principal offices address, if applicable: STE, 208 (Principal office address MUST BE A STREET ADDRESS) Kissimmee FL 34744 1627 E. Vine St Enter new mailing address, if applicable: **STE 208** (Mailing address MAY BE A POST_OFFICE BOX) Kissimmee FL 34744 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: John Andrew Molina Name of New Registered Agent: 1627 E. Vine St. STE #208 New Registered Office Address: Enter Florida street address Kissimmee

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MNG	John Andrew Molina	2269 Jessica Ln	
		Kissimmee FL 34744	
			Change
AMBR	Juan Andres Molina	1043 Seneca Trail	
		Saint Cloud FL 34772	☐ Remove
			■ Change
			Add
			Remove
		·	Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

	John Andrew Molina will now AMBR	become the MGR and Juan Andr	res Molina will become the	
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		·····		
				 -
				
				 _
(If an Not		e specific and cannot be prior to date k does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursua tatutory filing requirements, this date will not	
	record specifies a delayed e he 90th day after the recor		effective time, at 12:01 a.m. on the	e earlier of:
Date	October 10th	2018		
		Shar 1		
	Si	gnature of a member or authorized r	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00