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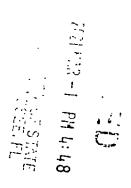
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration 5 Division of Co			
	RKETING GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ASHLEY PERENICH		
		Name of Person	
	AMP MARKETING GRO	OUP LLC	
	 	Firm/Company	
	7702 STILL PARK CIR		
		Address	
	ODESSA, FL 33556		
		City/State and Zip Code	
·	SUPPORT@TAMPABACI		
	E-mail address; (to be used for future annual report not	lification)
For further information	concerning this matter, please c	all:	
Ashley Perenich		at (<u>727</u>) <u>637-8520</u>	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration So	
P.O. Box 63	Corporations 27	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMP MARKETING GROUP 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 $0^{4-19-2019}$ and assigned Florida document number L19000107400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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.

Cinv

, Florida

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
MGR	MARK PERENICH	7702 STILL PARK CIR	□Add
		ODESSA, FL 33556	□Remove
		7702 STILL PARK CIR	-
AMBR ASHLEY PERENICH	ASHLEY PERENICH	ODESSA, FL 33556	_
		□Add	
			□Remove
			©Change
		□Add	
		-	□Remove
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ffect	04-15-2019 ive date, if other than the date of filing: (optional)
Note:	(optional) fective date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	2/15/21

Filing Fee: \$25.00