

L10000092267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

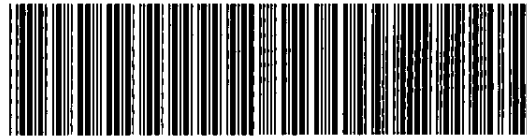
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800188834568

12/27/10--01025--010 **25.00

FILED
10 DEC 27 PM 1:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celebration MARKETING GROUP, 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:

Jorge Amador
Name of Person

Celebration Marketing Group
Firm/Company

5700 Memorial Hwy, Suite 217
Address

Tampa, Florida 33615
City/State and Zip Code

Celebrationmarketing@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Amador at (813) 420-0246
Name of Person Area Code & Daytime Telephone Number

FILED
10 DEC 27 PM 1:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 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**

(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 9/1/2010 and assigned
Florida document number L10000092267

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5700 MEMORIAL HWY
Suite 217
TAMPA, FL 33615

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

Florida

City

Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GIACOMO POTTINO	10517 FAIRFIELD VILLAGE DR TAMPA, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BONNIELIZA AMADOR	10517 FAIRFIELD VILLAGE DR TAMPA, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAELANGELO SOTO	10519 PARKCROFT DR TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELISA GELLNER	10517 PARKCROFT DR TAMPA, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec. 23, 2010.

[Signature]
Signature of a member or authorized representative of a member

Joige L. Amador
Typed or printed name of signee

FILED
10 DEC 27 PM 1:59
CLERK OF STATE
TALLAHASSEE, FLORIDA