

LD5000049948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

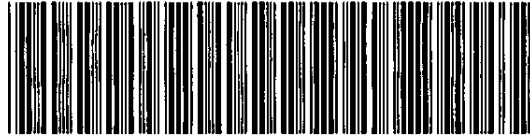
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600275600716

600275600716
08/05/15--01013--015 **25.00

FILED
2015 AUG -5 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG - 6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MERCHANTADVANTAGE, 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:

MICHAEL LAMBERT

Name of Person

MERCHANTADVANTAGE

Firm/Company

2999 NE 191 STREET, STE400

Address

AVENTURA, FL 33180

City/State and Zip Code

MLAMBERT@MERCHANTADVANTAGE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMARA WALTERS

305 8959466
at ()

Name of Person

Area Code

Daytime 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 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**

FILED
2015 AUG -5 AM 11: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MERCHANTADVANTAGE, 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 05/19/2005 and assigned
Florida document number L05000049948.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2999 NE 191 STREET

SUITE 400

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2999 NE 191 STREET

SUITE 400

AVENTURA, FL 33180

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:

2999 NE 191 STREET, SUITE 400

Enter Florida street address

AVENTURA

City

, Florida 33180

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 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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

Blank lined paper with a small rectangular stamp in the bottom right corner.

FILED
2015 AUG -5 AM 11:29
STATE
STREET INVT OF FLORIDA
TALLAHASSEE

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated AUGUST 4

2015

Signature of a member or authorized representative of a member

MICHAEL LAMBERT

Typed or printed name of signee