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| Special Instructions to Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2019

GRETCHEN GRIFFITH EAGADIGM MARKETING, LLC 1477 GRACE LAKE CIRCLE LONGWOOD, FL 32750

SUBJECT: EAGADIGM MARKETING, LLC

Ref. Number: L06000034909

We have received your document for EAGADIGM MARKETING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the wowing correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 019A00006076

Already Paid FOR

RECEIVED 2019 APR 12 PM 2: 18

www.sunbiz.org

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|--------|--------------------------------------|--|--|--|
| SUBJI | ест: <u>Ел-д</u> | ndigm MARK | eting LLC ted Liability Company | - · - ——— |
| The en | closed Articles of 7 | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspor | ndence concerning this matter t | to the following: | |
| | | Gre | et der Gair | Ffith |
| | | Eng Ac | Name of Person Aigm Market Firm/Company | ting LLC |
| | | 1477 GA | Address | rcle_ |
| | | Longwo | od FL 327 | 50 |
| | | Gretchen E-mail address: (1 | City/State and Zip Code ORightsizedRe to be used Refuture annual report not | SOURCES. COM |
| | | oncerning this matter, please ca | | |
| (| Fretche Name of | ~ Gaiffith | at (<u>407</u>) 619 Area Code Daytin | 9 5501 ne Telephone Number |
| Enclo | sed is a check for th | e following amount: | | |
| □ \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Chfton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Eagadigm Marketing | LLC |
|--|--|
| (Name of the Limited Liability Company as it—low a (A Florida Limited Liability Comp | any) |
| The Articles of Organization for this Limited Liability Company were filed o | on $63/31/2006$ and assigned |
| Florida document number <u>4 060000 3 4 9 0 9</u> | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company | ny 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) | |
| | APA T |
| | 8 |
| Enter new mailing address, if applicable: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | 9: ,• |
| | DA T |
| B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: | ss on our records, <u>enter the name of the ne</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Ente | er Florida street address |
| | Florida |
| Cuy | Zip Cade |

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 Title Name Address Type of Action Christian Griffith 147 Grace Lake Circle DANG Long wood FC 32750 X Remove _____ 🗆 Add ☐ Remove __

Change _□ Remove ☐ Change \square Add ☐ Remove ____ Change □ Remove _□ Change □ Add □ Remove Change

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| te: If t | e date, if other than the date of filing: Macch 15, tive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statust's effective date on the Department of State's records. | |
| he 90 | rd specifies a delayed effective date, but not an eff 10th day after the record is filed. | fective time, at $12{:}01$ a.m. on the earlier α |
| ed | April 9 2019. | |
| | | |
| | Signature of a member or authorized ten | resentative of a member |

Page 3 of 3

Filing Fee: \$25.00