L06000104698

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. SCOTT APR 2 0 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2017

ELIZABETH DYE 2620 COVE CAY DR. SUITE 603 CLEARWATER, FL 33760

SUBJECT: J H G MARKETING, LLC

Ref. Number: L06000104698

We have received your document for J H G MARKETING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 417A00006992

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COVER LETTER

TOs		stration Sect sion of Corpo			
1		JHG Marketii	ng LLC		
SUBJE	CT: _		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn a	all correspond	dence concerning this matter	to the following:	
			Elizabeth Dyc		
				Name of Person	
			JHG Marketing		
				Firm/Company	
			2620 Cove Cay Dr. Suite 6	503	
					
			Clearwater, FL 33760		
			beth@jhgmarketing.com	City/State and Zip Code	
			E-mail address; (to be used for future annual report notification	on)
For furth	ner inf	formation con	cerning this matter, please ca	all:	
Beth Dy	e			850 524-2339 at ()	
		Name of F	erson		ephone Number
Englosed	i is a	check for the	following amount:		THE THE THE THE THE THE THE THE THE THE
\$25.	00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Lim			
	ited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited borida document number <u>L06000104698</u>	Liability Company	were filed on 10/27/2006	and assigned
is amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
e new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	2620 Cove Cay Dr. Suite 603	
rincipal office address MUST BE A STRE	ET ADDRESS)	Clearwater, FL 33760	
nter new mailing address, if applicable: State of the state of the st	E BOX)	2620 Cove Cay Dr. Suite 603 Clearwater, FL 33760	
			
If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:			iter the name of the
gistered agent and/or the new registered of New Registered Agent:	office address her	<u>e</u> :	ster the name of the
gistered agent and/or the new registered o	Elizabeth Dye	<u>e</u> :	TALLED SELECTION OF THE PROPERTY OF THE PROPER

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>	Address	Type of Action
MGR	Elizabeth Dye	2620 Cove Cay Dr. Suite 603	Add
		Clearwater, FL 33760	Remove
			Change
			Remove
			Change
		para de la companya del companya de la companya de la companya del companya de la	Add
		***************************************	Remove
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ctive date, if other than affective date is listed, the date	the date of filing: must be specific and o	t	of filing or more than	(optional) 90 days after filing) z.) Pursuant to 60:
: If the date inserted in thi	s block does not me	eet the applicable st	tatutory filing requir	ements, this date	will not be list
ment's effective date on th	e Department of Su	ate's records.			
poord enacifies a data	und affactive de	ata hut aat aa	offactive time	+ 12.01 ~ ~	on the carli
ecord specifies a dela e 90th day after the		ite, but not an	enective time, a	ic is in gill.	on the earl
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Clopakel El124BE	Signature of a m	ember or authorized	representative of a men	mber	R 20 PM

Page 3 of 3

Filing Fee: \$25.00