LO 70000 21329

(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:	
A. LUNT	
MAR 2 4 2009	
EXAMINER	

Office Use Only



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SECRETARY OF STATE

TILED.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2009

DOROTHY R. FONTENOT P.O. BOX 412 LITHIA, FL 33547

SUBJECT: FONTENOT MARKETING SOLUTIONS LLC

Ref. Number: L07000021329



We have received your document for FONTENOT MARKETING SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 109A00004390



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2009

DOROTHY R. FONTENOT P.O.BOX 412 LITHIA, FL 33547

SUBJECT: FONTENOT MARKETING SOLUTIONS LLC

Ref. Number: L07000021329



We have received your document for FONTENOT MARKETING SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 509A00005965



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2009

DOROTHY R. FONTENOT P.O. BOX 412 LITHIA, FL 33547

SUBJECT: FONTENOT MARKETING SOLUTIONS LLC

Ref. Number: L07000021329

2009 HAR 23 AM 10: 11
SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for FONTENOT MARKETING SOLUTIONS LLC. However, the document has not been filed and is being returned for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 109A00008318

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fontenot Marketing Solutions (Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for f	• •	
Please return all correspondence concerning this matter to the follow	wing:	
Dorothy P. Fontenot (Name of Person) Classic Catering Company Light ARRY OF STATE (Firm/Company) P.O. Box 412 (Address) Lithia, F.1. 33547 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Dorothy K. tontenot at ((Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$25.00 Filing Fee

\$30.00 Filing Fee &

Certificate of Status

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

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fontenot Marketino	3 Solutions LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	fy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO700021329</u> .	were filed on Feb 26, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Linki"L.L.C."	TLLC ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	17103 Kiteglide Ct Lithia Ft. 335475 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 412 88 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
·	
	(City) , Florida (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 Title Title **Name** <u>Address</u> **Type of Action** ☐ Add Remove ∫ Add Remove ☐ Add Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ ignature of a member or representative of a member

Page 2 of 2

Filing Fee: \$25.00