## L07000097972

(F	Requestor's Name)			
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(0	City/State/Zip/Phone #)			
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(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



## **COVER LETTER**

Division of Corporations				
SUBJECT:	TRESKOI PUE	BLIC RELATIONS, LLC		
	<del></del>	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
		Alexia Knapa		
	Alexis Knapp  Name of Person			
	TRESKO	DI PUBLIC RELATIONS, LI	ıc	
	Firm/Company			
8101 Biscayne Blvd. Suite 303				
	Address			
Miami, FL 33138				
City/State and Zip Code				
	E-mail address: (	terry@treskoipr.com to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please	call:		
Δ1.	exis Knapp	at ( 305 )	751-9641	
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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 2011 OCT 11 PM 3: 06

Zip Code

SEUNE JARY OF STATE TALLAHASSEE, FLORIDA TRESKOI PUBLIC RELATIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/25/2007 and assigned The Articles of Organization for this Limited Liability Company were filed on L07000097972 Florida document number 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) 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 j

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.

City

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 Type of Action <u>Title</u> Name **Address** MGRM DANA RHODEN 1132 N.E. 105th Street ☐ Add ✓ Remove Miami Shores, FL 33138 ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 1 2011 Dated \_ or author zed representative of a member Alexis Knapp Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00