

LO900000094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

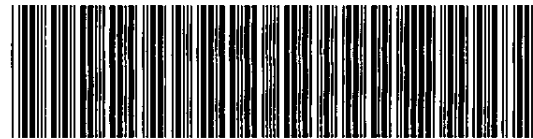
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NOV 16 2010

EXAMINER



400187630174

11/12/10--01006--019 **25.00

FILED
10 NOV 12 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABD MARKETING, 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:

GARY N. STROHAUER

Name of Person

BAXTER, STROHAUER, MANNION & SILBERMANN, P.A.

Firm/Company

1150 CLEVELAND STREET, SUITE 300

Address

CLEARWATER, FL 33755

City/State and Zip Code

gary@baxstroh.com

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

For further information concerning this matter, please call:

GARY N. STROHAUER

Name of Person

at (727)

461-6100

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ADB MARKETING, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/23/2009 and assigned
Florida document number L09000060696.

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)

11100 66th Street North

Suite 19

Largo, FL 33773

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:

GARY N. STROHAUER

New Registered Office Address:

1150 CLEVELAND STREET, SUITE 300

Enter Florida street address

CLEARWATER

City

Florida

33755

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVE RODGERS	11100 66TH STREET NORTH SUITE 22 LARGO, FL 33773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BURT WATERS	11100 66TH STREET NORTH SUITE 19 LARGO, FL 33773	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	AARON MODUGNO	11100 66TH STREET NORTH SUITE 19 LARGO, FL 33773	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 9, 2010



Signature of a member or authorized representative of a member

GARY N. STROHAUSER, MEMBER REPRESENTATIVE

Typed or printed name of signee