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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Producer Se			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Senia Gramajo		
		Name of Person	
	Producer Sensei LLC		
		Firm/Company	
	1130 Cleveland st Ste 120		
		Address	
	Clearwater, FI, 33755		
		City/State and Zip Code	
	senia@agentlinkmarketing.		
D. C. d. with a succession of	E-mail address: ( concerning this matter, please c	to be used for future annual report no	onneanon)
	oncerning this matter, prease c		
Senia Gramajo		727 423-5091 at ()	
Name o	of Person	Area Code Dayı	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Cony (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of C	forporations
P.O. Box 637	27	The Centre of	
Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Producer Sensei LLC	
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rd <u>s.</u> )
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/09/2009}{10000117305}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Galaxy Marketing LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023 HAR
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	6 AM ID: 12 // SSEE, FL
B. If amending the registered agent and/or registered office address on our records, <u>entough</u>	er the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street add	Iress
	Florida
City	Zm 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 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
			□Add
			□Remove
			JChange
			□Add
			□Remove
			☐ Change
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### Page 2 of 3

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