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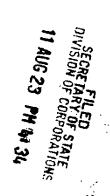
EXAMINER



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TO ACKNOWLEDGE SUFFIGIENCY OF FILING DEPARTMENT OF STATE



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRIDE MARKETING GROUP, UC 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:
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: Bowne Vencla45465
Firm/Company
3298 Woodhill Dr
Tolla hausee FL 32303 City/State and Zip Code
Tolla hassee FL 32303 City/State and Zip Code Pridemarketinggroup@omail.(OM E-mail address: (to be asset for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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



The Articles of Organization for this Limited Liability Company were filed on 27-14-10Florida document number L1 00000740 94 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 Zip Code City

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 <u>Name</u> **Address** Type of Action JUSTIN MILTON 3298 Woodhill Dr MRGM ☐ Add Remove Jallahassee F1 ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00