L11000070590

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State) Elph Hone ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=======,
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



900299407819

05/18/17--01017--012 **30.00

FILED

17 HAY 18 AM 9: 45

SECRETARY OF STATE ORIDA

S Warren MAY 1 9 2017

COVER LETTER

JBJECT:	Name of Limited Liability Company						
	Name of Ellined Elability Company						
e enclosed Articles of	Amendment and fee(s) are submitted for filing.						
ase return all correspo	ondence concerning this matter to the following:						
	JOSEPH L CLARK						
	Name of Person						
,	ZIGGI MARKETING LLC						
	Firm/Company						
	115 SOUTH DUNCAN AVENUE						
	Address						
	CLEARWATER, FLORIDA 33755						
	City/State and Zip Code						
	JOSEPH@ZIGGIMARKETING.COM						
	E-mail address: (to be used for future annual report notification)						
r further information of	concerning this matter, please call:						
SEPH CLARK	727 216-3859						
Name o	of Person Area Code Daytime Telephone Number						
closed is a check for t	he following amount:						
\$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)						

TO:

Registration Section

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

ZIGGI MAKKETING LLC	
(<u>Name of the Limite</u>)	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on APRIL 20, 2017 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our records, enter the name of the rice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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. Fifth document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ability 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	AMANDA L CLARK		115 S DUNCAN AVE, CLEARWATER, FL 3375	≶ ■ Add
				Remove
				Change
AMBR	Tyler J. Clark		115 5 Duncan Ave, Clearwater, FL337	<u>⊠</u> Add
				□ Remove
				Change
		Add	Add	
				□ Remove
				_□ Change
				_□ Add
				_□ Remove
				_□ Change
				_□ Add
			A SECONDARIAN SECO	Remove 4
			\sim	CQ Chamoe
			EE, FLORIDA	♣ □ :: _ Q2 Add
			IDA ————————————————————————————————————	☐ Remove
				☐ Change

	<u> </u>				
			-		
ective	date, if other than the date of filing:(op	tional)			
effecti e: If	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af the date inserted in this block does not meet the applicable statutory filing requirements, t	ter filing.)	Pursuan vill not	t to 605. be liste	0207 d as
	's effective date on the Department of State's records.				
					er of
ument	d specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	l a.m. o	n the	earlie	
ecor	Oth day after the record is filed.	l a.m. o	n the	earlie	
ecor	d specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed. May I 2017	l a.m. o	n the	earlie	
recor	Oth day after the record is filed.	ا a.m. o <u>ک</u> ار	n the	earlie	
ument recor he 90	Oth day after the record is filed.	La.m. o	n the	earlie	
ument recor he 90	May 1	a.m. TALLAHASSEI	17 MAY 18		
ument recor he 90	May 1 , 2017 . Signature of a member or authorized representative of a member	a.m. TALLAHASSEE, FL	17 MAY I	earlie	

Page 3 of 3

Filing Fee: \$25.00