

L12000030149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

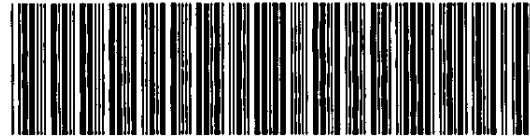
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14 JUN - 2 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 3 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marketplace Ambassadors International
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:

Jocelyn V. Miles-Mathis
Name of Person

Marketplace A.I.
Firm/Company

1137 Harrison Ave
Address

Panama City, FL 32401
City/State and Zip Code

coretransformerspc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jocelyn V. Mathis at (850) 303-5096
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$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**

Marketplace Ambassadors International Center LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 14, 2014 and assigned Florida document number L12000030149.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Marketplace Ambassadors International Social Benefits, LLC
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:

Same
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1137 Harrison Avenue, suite
Panama City, FL 32444
(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:

NIA

New Registered Office Address:

Enter Florida street address

Florida

City

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 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

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14 JUN -2 PM 3:07
STATE OF FLORIDA
TALLAHASSEE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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VM	Curtis Davis	2721 Burrell St.	<input checked="" type="checkbox"/> Add
		Birmingham, Al. 35224	<input type="checkbox"/> Remove

Project Coordinator VM	Robin Newberry	5230 West U.S. Highway 98	<input checked="" type="checkbox"/> Add
		Panama City, Florida 32401	<input type="checkbox"/> Remove

MGR	Thaddeus Sparlock	6300 Pridgen Street	<input type="checkbox"/> Add
		Panama City, Fl. 32404	<input checked="" type="checkbox"/> Remove

Programs 4 Youth Coordinator VM	Dr. Tammy Anderson	112 Santee Drive	<input checked="" type="checkbox"/> Add
		Panama City, Fl. 32404	<input type="checkbox"/> Remove

Food Coordinator VM	Gwen Smith	1216 Stephen Dr.	<input checked="" type="checkbox"/> Add
		Panama City, Fl. 32405	<input type="checkbox"/> Remove

☐ Add

☐ Remove

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

Marketplace A.I. is now a
"Social Benefits, LLC". We will be
an community base, working with
grants, Donations, Public/Private, Local resources/grants.
fundraising

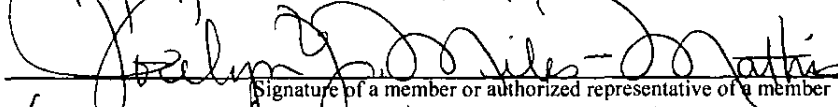
E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated

May 14,

2014



Signature of a member or authorized representative of a member

Socelyn V. Miles-Mathis

Typed or printed name of signee