# L12000034867

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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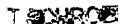


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# **COVER LETTER**

TO:	Registration Sec Division of Cor			
		Promotional Products, LLC		
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Sidania Musset		
		Final Touch Promotional P	Name of Person Products	
		1336 SW 181 Ave	Firm/Company	
		Pembroke Pines, Fl 33029	Address	
		sidania1@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
	her information c Musset	oncerning this matter, please co	all: 954 662-5143	
		f Person	at ( )	e Telephone Number
Enclose	d is a check for th	ne 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

TO:

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

Final Touch Promotional Products			
(Name of the Limited Liabibity C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com	ppany were filed on March 9th, 2012		unc
Florida document number L12000034867			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
Final Touch Alliance, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbrevi	atior
Enter new principal offices address, if applicable:		<u>-</u>	<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		ç
		289 29 (847 23 (247	;
		· · · · · · · · · · · · · · · · · · ·	_
Enter new mailing address, if applicable:		_ ·-	
(Mailing address MAY BE A POST OFFICE BOX)		37.28	<del>∵</del>
		**	7
B. If amending the registered agent and/or register	ed office address on our records.	enter the	nam
registered agent and/or the new registered office addres			
Name of New Registered Agent:			··-
New Registered Office Address:	Enter Florida street address		
	глист в понца месен цаагехх		
	, Flor		ip Cod
	C111		.,,, ., ., ., ., ., ., .,

### 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabit company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each per-or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	<u>Address</u>	<u>Tv</u>
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	Dated	1 September 17th, 2019 2019	
		144 set	
		Signature of a member of authorized representative of a member	
Sidania Musset			
		Sidania Musset	

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

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Filing Fee: \$25.00