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12 MAY -4 PM 1: \$6 SECRETATE OF STATES

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Rocket Science Marketing; LLC 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:				
Antoinette Felice Name of Person				
Rocket Science nARKeting, LCC Firm/Company				
14334 CYPRESS ISLAND CIRCLE				
Palm Beach Gardens, FL 33410 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Antoinette Felice at (Sd.) 427-9903 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: \$\ \begin{align*} \\$25.00 \text{ Filing Fee & } & \\$55.00 \text{ Filing Fee & } & \\$60.00 \text{ Filing Fee, } \\ \text{ Certificate of Status & } \\ \text{ Certified Copy } \\ \text{ (additional copy is enclosed)} \end{align*} \] \$\ \text{Certified Copy } \\ \text{ (additional copy is enclosed)} \end{align*}				

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

FILED 12 MAY -4 PM 1: 85

	!2	MAY -4 PM T: 86		
Privat Science M	perating 11C SEC	RETARY OF CT.		
(Name of the Limited Liability Compa	ny as it now appears on our records.	HETARY OF STATE		
(A Florida Limited)	Liability Company)	SURIUA.		
The Articles of Organization for this Limited Liability Company	ware filed on 3/16/7017	and assigned		
	were filed off	and assigned		
Florida document number <u>L1200037631</u> .				
This amendment is submitted to amend the following:				
A If amonding name enter the new name of the limited link	sility company hara			
A. If amending name, enter the new name of the limited liability company here:				
FULL FORMER	POPIAKI	FELLE, LL		
The new name must be distinguishable and end with the words Emited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	The state of the s			
(Principal office address MUST BE A STREET ADDRESS)				
•				
	- ·			
Enter new mailing address, if applicable:	14334 (UPBES) IS	SLAMA CIRCLE		
(Mailing address MAY BE A POST OFFICE BOX)	Palm Boach GArd			
	3340			
		· · · · · · · · · · · · · · · · · · · 		
B. If amending the registered agent and/or registered of	Tice address on our records, enter t	the name of the new		
registered agent and/or the new registered office address her				
Name of New Registered Agent:				
		<u> </u>		
New Registered Office Address:	Enter Florida street ada	rass		
^	Emer Fiorida sireer add	r Caa		
	CONTRACTOR STATE OF THE STATE O	ZATOD		
	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 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 Type of Action <u>Title</u> **Name** <u>Address</u> MICHAEL ARMAND CUPRESS ISYAN Cide MGRA FOILE 112 Spikerush RD Jupiter, FZ 33458 KHAN TILLIS MGRA M6RA Dr. BANDHIR A.LAL ☐ Remove Alm Beach BArdens Fl Palm BEACL Gordens, EL 3340 Remove MGRM \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 277 Signature of a member or authorized representative of a member Antoinette Felice
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00