112000060765

(R	Requestor's Name)			
(Address)				
(Address)				
(C	city/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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COVER LETTER

	Registration Sec Division of Corp						
CHD IF	PERPETUA T:	PERPETUAL MOTION MARKETING LLC					
SUBJEC	· ·		ited Liability Company				
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please reti	urn all correspo	ndence concerning this matter	to the following:				
		ELIZABETH JAKUBIAK					
	Name of Person						
		ELIZABETH JAKUBIAK	СРА				
Firm/Company 140 BRIDGE RD							
	Address						
		TEQUESTA FL 33469					
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	GREENFOOTPRINT@COMCAST.NET						
		E-mail address: (to be used for future annual report notif	ication)			
For furthe	r information co	oncerning this matter, please ca	all:				
ELIZABETH JAKUBIAK		561 277-9843 at ()					
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed i	is a check for th	e following amount:					
\$25.00	0 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



PERPETUAL MOTION MARKETING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1.12000040745	npany were filed on $\frac{05/12/2012}{}$	and assigned
Florida document number L12000060765		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
TRANSLATIONS IN MOTION LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL0	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		s, enter the name of the nev
New Registered Office Address:		
	Enter Florida street addre	cc
	, FI	orida
	, F	orida
New Registered Agent's Signature, if changing Registered A		orida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Address Title Name **Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change

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	ALLANDA
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fective date, if other than the date of filing: _ n effective date is listed, the date must be specific and car	(optional) mot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 t the applicable statutory filing requirements, this date will not be listed as the 's records.
record specifies a delayed effective date The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
ted	
Sanatore of a men	ther or authorized representative of a member
SLAVEY TOLEV	
Tv	ped or printed name of signee

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Filing Fee: \$25.00