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COVER LETTER

Division of Corporations
SUBJECT: M-Status Marketing & Consulting Group, LLC Name of Listed Clability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Kissinger Anderson Name of Person
M-Status Marketing & Consulting Group, LC
3800 Inverrary 12 vd, Suite 401Q
Lauderhill, FL 33319 City/State and Zip Code
mstatus @ consultant.com Fi-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kisbinger Anderson at (954), 864-7418 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C

MAILING ADDRESS:

TO:

Registration Section

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

M-Status Marketing & Consulting Group, 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 Com	nnany were filed on	5/9/2012	and assigned
Florida document number <u>L12000 62668</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company b	iere:	
The new name must be distinguishable and contain the words "Limited	d Liability Company "the	designation "L1 C" or the	abbreviation "LLC"
-	a manny company, are	designation 737.5 William	unorthanon interes
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			7 /
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			1/2 2
			524
B. If amending the registered agent and/or registered agent and/or the new registered office address		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	····		
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	
	, Florida		
	Cuy		Ząp Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen- being filed to merely reflect a change in the registered of company has been notified in writing of this change.	iplete performance o at as provided for in	f my duties, and I ar Chapter 605, F.S. C	n familiar with and Dr. if this document is
ī	If Changing Registered A	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 **Type of Action** Title Name **Address** 2844 NW 99th Ter. Arthel Gibson **⊠** ∧dd Sunrise, FL 33322 □ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove Change _□ Remove ☐ Change _□ Add ☐ Remove □ Change

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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more: If the date inserted in this block does not meet the applicable statutory filing.	e than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
iment's effective date on the Department of State's records.	•
ecord specifies a delayed effective date, but not an effective ting se 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
a July 3, 2017.	
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Page 3 of 3

Filing Fee: \$25.00