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EXAMINER



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COVER LETTER

TO:	Registration Secti Division of Corpo	on , , , , rations			
SUBJE	ECT:	E-Motion	Branding, LL0	2	
1,		Name of Limit	ted Liability Company	,	
The en	closed Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			Michelle Havro	n	
	Name of Person				
E-Motion Marketing, LLC					
Firm/Company					
104 NW 7th Avenue					
		Address			
Okeechobee, FL 34972 City/State and Zip Code					
	1 1 3 1 X T	havronmic			
		havronmic E-mail address: (t	o be used for future annu	ial report notificati	on)
For fur	ther information cond	cerning this matter, please ca	all:		
		elle Havron	at (_608_)		0-9696
	Name of Pe	erson	Area C	ode & Daytime Te	elephone Number
Enclos	ed is a check for the t	following amount:			
\$25	.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fe Certified Copy (additional cop	,	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		G ADDRESS:		EET/COURIER	ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E-Motion Branding, LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited I	iability Company were filed on	May 10, 2012	and assigned
Florida document numberL1200006	3264		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
	E-Motion Marketing, LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	eany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		T.C. 2
			SEY T
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>.</u>	©mi 6
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter	the name of the nev
Name of New Registered Agent:	Ben Sims		
New Registered Office Address:	104 NW 7th Avenue		·
	E	nter Florida street add	dress
	Okeechobee	, Florida	34972
	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. Thereby 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Adam Jacobson	2328 Blue Heron Blvd Sun Prairie, WI 53590	Add Remove		
MGR_	Ben Sims	104 NW 7th Avenue Okeechobee FL 34972	✓ Add ☐ Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			AddRemove		
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	ssary.)		
_					
_ _) was to an	2017			
Dated	Mach	2012. Ole de member of a member			
	Mich	Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00