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## **COVER LETTER**

TO: Registration So Division of Cor					
SUBJECT: A	Ptitude MArketi Name of Limit	ng Group, LLC et-Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Fernando	A Camacho JR Name of Person			
	Aptitude	Marketing Group, L	<u>cc</u>		
	5701 NW	88th AUE ST. 301 Address	ي الأراث المراث المراث المراث المراث	2013 &	48*
	Tamarac, FL	3332   City/State and Zip Code	######################################	£PR -2	Augusta e Augusta e
	FCamacho (a) (E-mail address: (to	Aptitude marketing group (	ou)	P T	
For further information of	concerning this matter, please ca	all:		03	
Fernando A Name o	Camack JR of Person	at ( <u>954</u> ) <u>871-3165</u> Area Code & Daytime Te	elephone Number	<del></del>	
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional cor	Status & /	losed)

**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 **ARTICLES OF ORGANIZATION OF**

(Name of the Limited L (A F	Or Keting Stoup iability Company as it no lorida Limited Liability Co	wappears on our re ompany)	cords.	<del></del>	
The Articles of Organization for this Limited Liab	oility Company were filed			and ass	signed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability com	pany here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company," the de-	signation A	LC" dethe	
Enter new principal offices address, if applicab	ole:		<del>-</del>	्यु 20	* ;
(Principal office address MUST BE A STREET	<del></del>		in in	2 2	5 5 5 and 20
		· · · · · · · · · · · · · · · · · · ·	<u>د</u>	F 79	# 1 .
	<del></del>		<del></del>	1:03	Gara.
Enter new mailing address, if applicable:				, w	· · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>		······		
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	_		the name o	of the new
Name of New Registered Agent:	Fernando (	2 Camach	2 Se		
New Registered Office Address:	5701 NW	BB11 AVE S		ress .	<del> </del>
	Tamara c City	.]	Florida	33321	
	City			Zip Code	e
New Registered Agent's Signature, if changing Re	gistered 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

<u>Title</u>	Name	Address	Type of Action
PRES	Fernando J. Mendez	2462 NW 915 AVE	Add
		Gral Springs. FL 33065	Remove
			Add
			Remove
		ASSET FLORES	Add
	<del></del>	ुड पड हा न	Add
			Remove
	,		Add
			Kemove
		<del></del>	Add
			Remove

		<del></del>
l		
	And Com	
	Signature of a member or authorized representative	of a member
	Fernando A Camacho	)R.
	ryped or printed name or signee	
	Page 3 of 3	
	Filing Fee: \$25.00	2013 APR -2 SUBJECTARY FAIL ANASSE
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