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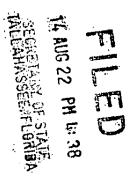
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COVER LETTER

TO: Registration Section
Division of Corporations

IBJECT: MARKETING DIVAZ, 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:

JENNIFER SCHNIPPER

Name of Person

MARKETING DIVAZ, LLC

Firm/Company

399 NW BOCA RATON BLVD, STE 204

Address

BOCA RATON, FL 33432

City/State and Zip Code

JENN@MARKETINGDIVAZ.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER SCHNIPPER

_{...}561、373-5366

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

MARKETING DIVAZ, LLC	
(Name of the Limited Liability Compa (A Florida Limited	<u>ny as it now appears on our records.)</u> Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000074262	were filed on JUNE 1, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	399 NW BOCA RATON BLVD
(Principal office address MUST BE A STREET ADDRESS)	STE 204
	BOCA RATON, FL 33432
Enter new mailing address, if applicable:	399 NW BOCA RATON BLVD
(Mailing address MAY BE A POST OFFICE BOX)	STE 204
	BOCA RATON, FL 33432
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
N	

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

'AMBR = Authorized Member Title **Name** Address Type of Action 399 NW BOCA RATON BLVD G Add KATE VOLMAN **MGR STE 204 ■** Remove BOCA RATON, FL 33432 _□ Add □ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective (date, if other than the date of filing: (optional) redate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	s document is filed by the Florida Department of State)
Dated	8-12-2014 2014
	a la Chinger
	Signature of a member or authorized representative of a member
	JENNIFER'SCHNIPPER
	Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00

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