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## **COVER LETTER**

TO:	Registration Se Division of Cor				
0175157	MCS MAR	KETING SOLUTIONS, LLC			
SUBJEG	J1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Merrilee A. Jobes, Esq.	C		
			Name of Person	<u></u>	
		Jobes Law Firm, LLC			
Firm/Company					
		3107 W. Hallandale Beach	7 W. Hallandale Beach Blvd., Suite 101		
			Address		
		Pembroke Park, FL 33009			
		mjobes@jobeslaw.com	City/State and Zip Code		
			to be used for future annual report notifi	ication)	
For furth	er information c	oncerning this matter, please co	all:		
Merrilee	A. Jobes, Esq.		954 613-0595 at ()		
•	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	ne following amount:			
 <b>⋤</b> \$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)	
		ING ANNUAS	CTDEET/COUDIN	ED AUDDESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

2017 AUG -7 PH 4: 18

ALTERSTANY OF STATE
MASSIE, FLORIN:

MCS MARKETING SOLUTIONS, 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 Company	were filed on	and assigned
Florida document number 46-1152572	01	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
1		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3350 NW 53rd Street, S	uite 102
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33	309
	<u> </u>	
Enter new mailing address, if applicable:	3350 NW 53rd Street, S	uite 102
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33	309
the state of the s		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida stree	t address
		, Florida Zip Code
The second secon	City	Ζίρ ζομε
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and  605, F.S. Or, if this document is
II Cha	nging Registered Agent, Sig	nature of New Registered Agent

or removed from our records: FILEL MGR = Manager AMBR = Authorized Member Type of Action Address Name Title □ Add ☐ Remove ☐ Change □ Add □ Remove \_\_\_\_ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_ Change □ Add ☐ Remove \_D Change .□ Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

		1/
		2017 AUG -7 F
		1 States of
		LATELATION OF
	·	
If the date inserted in this b	e date of filing:  In the specific and cannot be prior to date of fill took does not meet the applicable statute department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605 rry filing requirements, this date will not be liste
cord specifies a delaye 90th day after the re	d effective date, but not an effectord is filed.	ctive time, at 12:01 a.m. on the earlie
July 28	, 2017	
	Signature of a member or authorized repres	

Page 3 of 3

Filing Fee: \$25.00