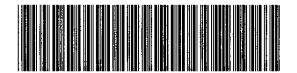
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SECRETARY OF STATE

J. BRYAN

DEC 1 8 2012

EXAMINER

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	NDB MO	Wketing & Con ed Liability Company	sultang =
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	Programme 1
Please return all correspo	ondence concerning this matter	to the following:	
•	No	Name of Person	wn series
	DN	B Marketinos	& Consulting
	392	Silverlake Address	Way
	Lile	City/State and Zip Code	71 33544
	E-mail address: (to	be used for future annual report notification) ycho com
For further information of	concerning this matter, please ca	all:	
Name o	y Brown	at (863) 214-11 Area Code & Daytime Te	48 elephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
34.11	ING ADDRESS.	CTREET/COURIED	ADDDECC.

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

(Name of the Limited Liability Comp (A Florida Limited	rketing le	Consulting
The Articles of Organization for this Limited Liability Comparison document number	ny were filed on 1967	11 27 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Γhe new name must be distinguishable and end with the words "Li L.L.C."	imited Liability Company,"	the designation "LC" of the abbreviation
Enter new principal offices address, if applicable:	· }	
(Principal office address MUST BE A STREET ADDRESS)		S.A.
		, , , , , , , , , , , , , , , , , , ,
	•	是 5
Enter new mailing address, if applicable:		Ori
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter	Florida street address
	Erner	
	City	, Florida 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, I hereby confirm that the limited liability company has been notified in writing of this change.

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 <u>Address</u> Type of Action Add Remove Add Remove

Remove

f amen —	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) • ;	
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	Manay Q Brown	
	Signature of Amember or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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