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SFFEDTIVE DATE



#### -COVER LETTER #

1	FO: Registration Section  Division of Corporations
5	SUBJECT: Devin's Marketing Company
	Name of Limited Liability Company
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ι.  - 1	The enclosed Articles of Amendment and fee(s) are submitted for filing.
F	Please return all correspondence concerning this matter to the following:
	Jennifer Herz
	Name of Person
	Dynamic Marketing Consultants
	6328 Coloa Ln Address
	Apollo Beach FL 33572 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
F	For further information concerning this matter, please call:
-	Jennifer Herz at (813) 579 9540 X105  Name of Person Area Code Daytime Telephone Number
E	Enclosed is a check for the following amount:
Ç	\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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

### FILED.

## ARTICLES OF ORGANIZATION DEC 24 PM 1: 48 OF SEGRETARY OF STATE TALLAHASSEE, FLORIDA

Devin's Marketing	Company TALLAHASSEE, FLORIDA
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000154644</u>	mpany were filed on $1.2/10/2012$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited  Dynamic Marketing  The new name must be distinguishable and end with the words "Limited"	ed liability company here:  Consultants LLC  led Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, <u>enter the name of the new</u> cass here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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į	lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	•	•
1	Effec The ef	tive date, if other than the date of filing:
•		ate this document is filed by the Florida Department of State)
	Dated	1 December 19th, 2014.
		() Hen
		Signature of a member or authorized representative of a member
		Jennifer Herz
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

