

L13000010363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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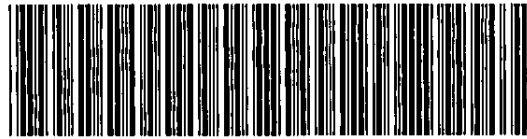
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 JUL 15 AM 11:47

JUL 16 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI DADE MARKETING 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:

ERIC DAVID SMITH
Name of Person

Firm/Company

15750 SW 138TH TERRACE
Address

MIAMI, FLORIDA 33196
City/State and Zip Code

eric_david_smith@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC DAVID SMITH at **(786) 413-4627**
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**

MIAMI DADE MARKETING 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 01/22/2013 and assigned Florida document number L13000010363.

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

ERIC DAVID SMITH

15750 SW 138TH TERRACE

MIAMI, FLORIDA 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15750 SW 138TH TERRACE

MIAMI, FLORIDA 33196

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ERIC DAVID SMITH

New Registered Office Address:

15750 SW 138TH TERRACE

Enter Florida street address

MIAMI

City

, Florida 33196

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.

[Signature]
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS A. ALVARADO	14960 SW 74TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL. 33193	<input checked="" type="checkbox"/> Remove
MGR	ERIC DAVID SMITH	15750 SW 138TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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 Add
 Remove
 Add
 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.



Signature of a member or authorized representative of a member

CARLOS A. ALVARADO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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