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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FL 32310

OCT -9 2013

T CLINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ADMISSION DESIGN GROUP 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:

**RAFAEL RODRIGUEZ**

Name of Person

**ADMISSION DESIGN GROUP LLC**

Firm/Company

**1001 HILLCREST CT. #208**

Address

**HOLLYWOOD, FL. 33021**

City/State and Zip Code

**rafael@advertisingmission.com**

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

For further information concerning this matter, please call:

**ITORO ETUKS**

Name of Person

at ( **786** ) **333-3017**

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

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CLERK OF STATE  
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ADMISSION DESIGN GROUP 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 03/04/2013 and assigned  
Florida document number L13000033678.

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)

9900 W SAMPLE RD.

STE. 300

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1001 HILLCREST CT. #208

HOLLYWOOD, FL 33021

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CLERK OF COUNTY OF DADE  
JANET H. ROBERTS, CLERK

**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: \_\_\_\_\_

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 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 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	ITORO ETUKS	9900 W SAMPLE RD	<input checked="" type="checkbox"/> Add
		STE. 300	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT  
 11th JUDICIAL CIRCUIT  
 IN AND FOR THE COUNTY OF DADE, FLORIDA

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

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Dated \_\_\_\_\_, \_\_\_\_\_.

RAFAEL RODRIGUEZ

Signature of a member or authorized representative of a member

RAFAEL RODRIGUEZ

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
PUBLIC ACCESS DIVISION

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