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STATE OF FLORIDA
TALLAHASSEE

SEP 16 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: First Round 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:

Jeffrey M. Ostrow

Name of Person

Kopelowitz Ostrow P.A.

Firm/Company

200 SW 1st Avenue, Suite 1200

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

ostrow@kolawyers.com

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

For further information concerning this matter, please call:

Jeffrey M. Ostrow

Name of Person

at **954 612-4100**

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 &
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(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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STATE OF FLORIDA

First Round Marketing LLC

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 FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 7, 2014



Signature of a member or authorized representative of a member

Jeffrey M. Ostrow

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA