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DECRETARY OF STATE ALLAHASSEE, FLORIDA

K. SALY EXAMINER

AUG - 5 2013

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Black Leon Mayketing UC 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:		
Alberto Leon Jr. Name of Person		
Firm/Company		
61515 W 110 AVP.		
City/State and Zip Code Qleon 7580@Hotmail.com E-mail address: (to be used for future annual report notification)		
9 (eon 7580 @ Hotmail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alberto Leon at 305, 269-9590 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \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 TO ARTICLES OF ORGANIZATION **OF**

111.44	FILED
TALLANA	TLED T PH 2: 02 RY OF STATE SEE, FLORIDA
ords.)	SEE, FLORIDA

BLACK LEON MAR (Name of the Limited Liability Company (A Florida Limited Lia	EKETING LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u> </u>	-
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limite 'L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6151 SW 110 AVE.
(Principal office address MUST BE A STREET ADDRESS)	6151 sw 110 Ave. Miami FC 33173
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new

Name of New Registered Agent:

New Registered Office Address:

Alberte Leon Jr.

6151 Sw 110 me 1

Enter Florida street address

Miumi, Florida 173

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	Address	Type of Action
MGRM	Alberto Leon	6151 SW 110AUP.	Add
		6151 sw 110 AUP. Miami FC. 33173	Remove
			Add
			Remove
			Add
			Remove
			_
			
			Remove
			_ []
			Remove
			Remove
			Kemove

If ame	inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
- ted	7-26 0.2013.
	- Quito /
	Signature of a member or authorized representative of a member Alberto Leon Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00