

L13000119169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

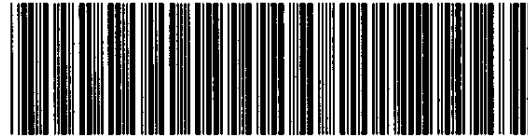
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BRILEY & DEAL, LLC

ATTORNEYS AT LAW

2215 S. Third Street, Suite 101  
Jacksonville Beach, FL 32250

TELEPHONE: (904) 285-5299  
FACSIMILE: (904) 285-1640  
INTERNET: [www.jaxrelaw.com](http://www.jaxrelaw.com)

October 3, 2014

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

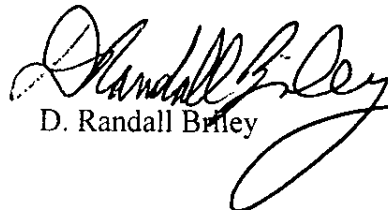
RE: THE MARKETING SCHOOL.COM, LLC

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization for the above referenced entity along with my firm check in the amount of \$25.00 which represents the filing fee. Please file the original of the enclosed and return the "clocked in" copy to my office in the enclosed self-addressed, stamped envelope.

If you need anything further in this regard, please let me know.

Sincerely yours,

  
D. Randall Briley

DRB/bjl  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE MARKETING SCHOOL.COM, 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:

**D. RANDALL BRILEY, ESQ.**

Name of Person

**BRILEY & DEAL, LLC**

Firm/Company

**2215 SOUTH THIRD STREET, STE.101**

Address

**JACKSONVILLE BEACH, FL 32250**

City/State and Zip Code

**RBRILEY@JAXRELAW.COM**

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

For further information concerning this matter, please call:

**D. Randall Briley, Esq.**

Name of Person

at **904 285-5299**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

THE MARKETING SCHOOL.COM, 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 August 22, 2013 and assigned  
Florida document number L13000119169.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

14 OCT - 6 PM 12:11  
SECRETARY OF STATE  
ALLAHASSET, FLORIDA  
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**

**MGR = Manager**  
**AMBR = Authorized Member**

1/OCT/15 PM 12:13  
Remove  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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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 October 3, 2014



Signature of a member or authorized representative of a member

EVAN BAKER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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