

L13000140565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

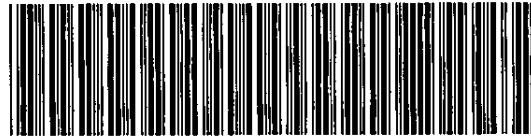
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253561774

11/07/13--01015--008 **25.00

2013 DEC 11 PM 6:23
FALL ARIZONA SEC. 116 (11)

B. BOSTICK

DEC 12 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Marketing and Promotional Services 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:

Amanda Finzi-Smith

Name of Person

Firm/Company

21218 St. Andrews Blvd. #649

Address

Boca Raton FL 33433

City/State and Zip Code

afinzi19@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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

BB

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

All Marketing and Promotional Services 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 10/04/2013 and assigned
Florida document number L13000140565.

✓ This amendment is submitted to amend the following:

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

Advanced Marketing and Promotional Solutions LLC

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: Nolan Reid

New Registered Office Address: 21218 St. Andrews Blvd #649

Enter Florida street address

Boca Raton, Florida 33433
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

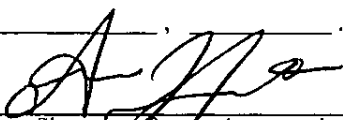
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nolan Reid	21218 St. Andrews Blvd	<input checked="" type="checkbox"/> Add
		#649	<input type="checkbox"/> Remove
		Boca Raton FL 33433	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Amanda Finzi-Smith

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2713 DEC 11 PM 6:24
FALLASSEE, TONIA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2013

AMANDA FINZI-SMITH
21218 ST. ANDREW BLVD. #649
BOCA RATON, FL 33433

SUBJECT: ALL MARKETING AND PROMOTIONAL SERVICES LLC
Ref. Number: L13000140565

2013 DEC 11 PM 6:24
TALLAHASSEE, FLORIDA

We have received your document for ALL MARKETING AND PROMOTIONAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00026075