#113000142377

| (Re | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | <u>.</u> ₩ |
| (CI | ty/State/Zip/Filone | -π) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SCHALLAN OF STATE
ALTANASSEE FLORD)

K.SALY EXAMINER OCT 25 2013

COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
|--|---|--|--|
| SUBJECT: | BB Macket Name of Limite | ed Liability Company | |
| The enclosed Articles of Ar | mendment and fee(s) are subr | mitted for filing. | |
| Please return all correspond | dence concerning this matter t | to the following: | |
| | B | Name of Person | |
| | | Marketing LL | <u>^</u> |
| | 521 | New Lake Do | • |
| | Boys | ton Beach FL | 33426 |
| | BRIA E-mail address: (to | City/State and Zip Code NNA BRICKENG o be used for future annual report notification | gmail.com |
| For further information con | cerning this matter, please ca | all: | |
| Name of P | ra Bricher Person | at (<u>203)</u> <u>510</u> 2 Area Code & Daytime Tel | lephone Number |
| Exclosed is a check for the | following amount: | | |
| | □\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

13 OPT - FILED

Zip Code

| 0 |) F ' , | 23 pm |
|--|--|-----------------------------|
| (Name of the Limited Liability Compa | ny LLC | 23 PH 2:55 |
| (A Florida Limited I | Liability Company) | URIDA |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on <u>Oct 8th 201</u> | 3 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and end with the words "LimitL.L.C." | ited Liability Company," the designation | n "LLC" or the abbreviation |
| 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) | <u> </u> | |
| | | MANAGEMENT |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | er the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | n . m . () | |
| | Enter Florida street o | address |

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.

City

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 MGR Briana Briden 521 Newlake drive Add

Boyston Beach FL 33426 Remove Title **Type of Action** <u>Name</u> Remove Remove Remove Remove

| D. If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
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| | |
| | - |
| Dated | |
| | hoered mare |
| | Signature of a member or authorized representative of a member |
| | Briana Bricken Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00