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SECRETARY OF STATE
TALLAHASSEE F. STATE

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## COVER LETTER

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SUBJECT:	Name	Change	Fee	Micale	Mark	eting	Commun	nications, LL
		J Na	inte of Limite	ed Liability Co	ompany			
The enclosed Ar	ticles of Amer	ndment and fee(	s) are subm	itted for filir	ıg.			
Please return all	correspondenc	ce concerning th	is matter to	the following	ng:			
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For further inform		_	. please call	:				
	Leslie	Kolleda		at (	386,	34	-: 05 2 Telephone Num	Ä
	Name of Perso	n		Area	Code	Daytime	Telephone Nur	nber
Enclosed is a che	ck for the foll	owing amount:		,				**,
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	MAILING A Registration				STREET/ Registratio		CR ADDRESS	S:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Micate N	
(Name of the Limited (A	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 100 25342	
This amendment is submitted to amend the follow	ng:
A. If amending name, enter the new name of the Bird's Nest Marketing.  The new name must be distinguishable and end with the population.	
Enter new principal offices address, if applicab	
(Principal office address MUST BE A STREET)	, 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BC	N/A
registered agent and/or the new registered offic	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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

Page 1 of 3

. Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action \_□ Add ☐ Remove \_\_\_ 🗆 Add \_\_\_\_\_ 🗖 Remove \_\_\_\_\_ □ Remove \_\_□ Add \_\_\_ Remove ☐ Remove \_D Add \_□ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

ective date, if other than the date of filing:  effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  ed  FLOWAY 2		A150.00.00.00.00.00.00.00.00.00.00.00.00.0	
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Page 3 of 3

Filing Fee: \$25.00

## ARTICLES OF AMENDMENT TO ARTICLES'OF ORGANIZATION **OF**

Micate Marketing Communications, 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 10/31/2013 and assigned  Florida document number 13000153823			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:  Bird's Nest Marketing Communications, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	SECRETARY OF TALLAHASSEE,	14 MAR	धतः सङ्कृतस् व
Enter new principal offices address, if applicable:	SSE YRA	ယ်	ङ्गा स्थापन व
(Principal office address MUST BE A STREET ADDRESS)		<b>&gt;</b>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	E STATE FLORIDA	AH II: 31	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here:	<u>ew</u>		
Name of New Registered Agent:			
New Registered Office Address:  Enter Florida street address			
Cin: , Florida			
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 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

Page 1 of 3

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= 1	Manager Authorized Member	* 1			
<u>Title</u>	Name	Address	Type of Action		
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FI ORIGA

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