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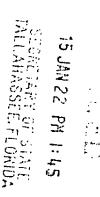
(Re	questor's Name)	
(Ad	dress)	·
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
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J. Stilvers FEB 0 3 7015

COVER LETTER

TO:	Registration Se Division of Cor		٠.	
oun ie	THE BU	ZZ AGENCY OF FLOR	DA LLC	
SUBJE	CI:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Jeffrey C Weinstein		
			Name of Person	
		Mittenthal Weinstein	LLP	
Firm/Company				
		3100 S Federal High	nway Suite B	
			Address	
		Delray Beach, FL 33	3483	
			City/State and Zip Code	
		weinstein@mw-attor	neys.com to be used for future annual report notific	ation)
For fur	her information of	concerning this matter, please co		
	y C Weinstei		561 862-0955	
	Name o	f Person	at () Area Code Daytime 1	Celephone Number
Enclose	ed is a check for t	he following amount:		
\$25	5.00 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)
	MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327

TO:

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

THE BUZZ AGENCY OF FLORIDA 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 Lia Florida document number <u>L13000158942</u>	ability Company were filed on 11/12/2013	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
THE BUZZ AGENCY LLC		
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/oregistered agent and/or the new registered office. Name of New Registered Agent:	or registered office address on our records, <u>en</u>	ter the name of the new
New Registered Office Address:	3100 S Federal Highway, Suite B	
	Enter Florida street address Delray Beach, FL City, Florida	33483 - Zip Code
New Registered Agent's Signature, if changing R	•	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regis	d agent and agree to act in this capacity. I further er and complete performance of my duties, and I d stered agent as provided for in Chapter 605, F.S. registered office address, I hereby confirm that the	am familiar with and Or, if this document is e limited liability

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 = N AMBR = A	Anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			□ Remove
			□ <i>B</i>
			Add Add
			HASSE PROOF
			ORD 400 Add
			Remove
			□ Add
			Remove

				
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fective date. i	f other than th	e date of filing:		(optional)
e effective date r	ust be specific, car	not be prior to date of recei	pt or filed date and cannot be	more than 90 days after
e date this docum	lent is thed by the f	Horida Department of State		
ated	16/12	<u>~</u>	<u> </u>	
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