14000Y7813

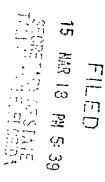
(Re	questor's Name)	· · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000270681960

03/18/15--01012--007 **25.00



APR 10 2015 S. YOUNG

« COVER LETTER •

Divi	sion of Corp	orations		j .		
SUBJECT:	INTELMA	RKET LLC	•			
Sobblec 1.	-1	Name of Lim	ited Liability Company	 		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		MIGUEL GOMEZ				
			Name of Person			
		INTELMARKET LLC				
			Firm/Company	***************************************		
		17621 ESPRIT DR.				
•			Address		_ 1 .	
		TAMPA, FL 33647			- 15 CR - 17 CR	•
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	三音 要	, T
		tamybags@gmail.co			· // /	, [
For further in	oformation co	E-mail address: (ncerning this matter, please c	to be used for future annual report n	ourcation)	12.51 12.51 13.51 14.51 15.51 15.51 15.51	} (
		moorning this matter, piease of				
MIGUEL			813 516 054		->'`` ⊙ 	'
	Name of	Person	Area Code Dayt	ime Telephone Number		
Enclosed is a	check for the	following amount:				
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

INTELMARKET LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records. Liability Company)	Ú
The Articles of Organization for this Limited Liability Company Torida document number <u>L14000047883</u>	were filed on MARCH 24, 20	014 and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
NTELLEMARKET LLC		
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17621 ESPRIT DR.	
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647	
		<u> </u>
Inter new mailing address, if applicable:	17621 ESPRIT DR.	
Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33647	The w
		12 2
		BH X
3. If amending the registered agent and/or registered o		enter the name of the
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 	□ Add
			□ Remove
			□ Add
-			□ Remove
			्रांकु जं
			□ SEAdd TO SEA
			5000 2. 1000 2. 1000 2.
	·		
			□ Remove
			□ Add □ Remove
			□ Add
			Remove
		#*************************************	

		<u> </u>
•		
		
· · · · · · · · · · · · · · · · · · ·	*	
		
	ate of filing:	ptional) ays after
the date this document is filed by the Flor	ida Department of State)	ptional) ays after
the date this document is filed by the Flor MARCH 9	ida Department of State) 2015	ptional) ays after
the date this document is filed by the Flor MARCH 9	ida Department of State) 2015	ptional) ays after
the date this document is filed by the Flor MARCH 9	ida Department of State) 2015	ptional) ays after
the date this document is filed by the Flor MARCH 9	ida Department of State)	ptional) ays after

Page 3 of 3

Filing Fee: \$25.00

PH 5: 39