

L14000049923

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch 11/16/24 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXECUTIVE MARKETING ASSOCIATES 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:

GENE RELIFORD  
Name of Person

EXECUTIVE MARKETING ASSOCIATES LLC.  
Firm/Company

2700 W. ATLANTIC BLVD. SUITE-205  
Address

POMPANO BEACH, FL 33069  
City/State and Zip Code

GRELIFORD123@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENE RELIFORD at (786) 344-8953  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2014

GENE RELIFORD  
3762 W OAKLAND PARK BLVD BAY 23  
FORT LAUDERDALE, FL 33311

SUBJECT: EXECUTIVE MARKETING ASSOCIATES LLC.  
Ref. Number: L14000049923

We have received your document for EXECUTIVE MARKETING ASSOCIATES LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 414A00014361



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2014

GENE RELIFORD      2ND ML  
3762 W OAKLAND PARK BLVD BAY 23  
FORT LAUDERDALE, FL 33311

SUBJECT: EXECUTIVE MARKETING ASSOCIATES LLC.  
Ref. Number: L14000049923

We have received your document for EXECUTIVE MARKETING ASSOCIATES LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Tim Burch  
Regulatory Specialist II

Letter Number: 414A00014361

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

EXECUTIVE MARKETING ASSOCIATES 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 3/26/2014 and assigned Florida document number L14000049923.

This amendment is submitted to amend the following:

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

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)

2700 W. ATLANTIC BLVD  
SUITE-205  
POMPANO BEACH, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 W. ATLANTIC BLVD  
SUITE-205  
POMPANO BEACH, FL 33069

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA

**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>	<u>Type of Action</u>
MGM	KEVIN LAMA	1489 MILITARY TRAIL	<input type="checkbox"/> Add
		SUITE-210	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	
VP	ROBERT D. MARTINO	1489 MILITARY TRAIL	<input type="checkbox"/> Add
		SUITE-210	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 16, 2014

Gene Relford

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

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