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# **COVER LETTER**

SUBJECT: (ANI	YONBALL ADVE		4,66C
	Name of Lim	ited Liability Company	•
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	1/4/1/her	Name of Person	
	Coinnon ball	ALVOSTISING FINE Firm/Company	η
	4236	D'ESte C+ #	304
	Lake b	10th ft 33	467
	Mc(MCW.	City/State and Zip Code  Meyors / 985 @ 9N to be used for future annual report/notifi	cat/. con
For further information co	oncerning this matter, please ca	all:	
Mather 1	Myers.	at (6:16) 340 - Area Code Daytime	82/2
Name of	Pérson	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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)

### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

CANNON BALL ADV	FRTISING FIRM, CLC.
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.)
The Articlès of Organization for this Limited Liability Company v Florida document number <u>L/4/00009/896</u> .	vere filed on 6/10/14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  GREAT WHITE SEM  The new name must be distinguishable and contain the words "Limited Liability".	LLC
Enter new principal offices address, if applicable:	Lake Worth, FL 33467
(Principal office address MUST BE A STREET ADDRESS)	19/18 WO. 17/ FZ 3390 !
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4236 PESTO Ct. #304 Lake World, FL 33467
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	· 28 8
New Registered Office Address:	Enter Florida street address  WOTH, Florida  City Zip Cade
New Registered Agent's Signature, if changing Registered Agent:	NO TO THE REPORT OF THE PARTY O

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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