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SUBJECT	ACCOUNT	rability marketin g ,	LLC	
SUBJECT	·	Name of	Limited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are	submitted for filing.	
Please retu	ırn all correspo	ndence concerning this ma	tter to the following:	
		TORY WILLINGHAN	1 1 1	
			Name of Person	
		ACCOUNTABILITY	l MARKETING, LLC I	
			Firm/Company	 _
		937 BROOKMONT A	VENUE EAST	
			Address	
		JACKSONVILLE, FL	 	
		torywillingham@bellso	City/State and Zip Code uth.net	
		E-mail addre	s: (to be used for future annual report noti	fication)
For further	information c	oncerning this matter, pleas	l e call:	
TORY W	ILLINGHAM		954 292-9313 at ()	
	Name o	f Person		e Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	en rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCOUNTABILITY MARKETING, 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 9/18/2014 and assigned Florida document number <u>L14000148582</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) author I from our records:	zed to manage, enter the title, name, and address	of each person being added
MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Janice Banken	1850 NE 65TH STREET	Add
		FORT LAUDERDALE, FL 33308	■ Remove
			□ Change
			☐ Remove
			Change
			Add
			Remove
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		<u> </u>	☐ Add
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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9.55 	; :::
	(;
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3)(b) d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	r of:
Dated November 20, 2017.	
tong Well	
Signature of member or authorized representative of a member TORY WILLINGHAM –	
Typed or printed name of signee	
Page 3 of 3 Filing Fee: \$25.00	