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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

21.05.11.20n	E Marketing	g Consultants, LLC		
SUBJECT:	-	Name of Limi	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:	
			Name of Person	
E Marketing Consultants, L				
. .			Firm/Company	
Address				
			City/State and Zip Code	
Dan Burbur in	- Farmation as		to be used for future annual report noti	ification)
ror further in	normation co	oncerning this matter, please ca		
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se Division of Co		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E Marketing Consultants, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 11/03/2014	and assigned
lorida document number 1.14000170824		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
		31.∀ 202
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation 12.C.
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		Si C
· · · · · · · · · · · · · · · · · · ·		
Auiling address MAY BE A POST OFFICE BOX)		- ,
. If amending the registered agent and/or registered office:	address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Desistered Office Address		
New Registered Office Address:	Enter Florida street address	
	Floric	da
	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mel Jacobson	5840 W. Cypress Street, Suite F	□Add
		Tampa. FL 33607	■Remove
			□Change
MGR	Adam Robles	5840 W. Cypress Street. Suite F	≣ Add
		Tampa, FL 33607	□Remove
			☐Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applical		
the record specifies a delayed effecti cord is filed.	ve date, but not an effective tim	ne, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated April 23	2020	<u>.</u> •	
0	wlos I Halind	10	
	Signature of a member or author		······································
CARLOS IXTLAHUA	AC .		
	Typed or printed	I name of signee	

Filing Fee: \$25.00