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DEC 01 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Market Me Goro 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:
Danyell Jones Name of Person
market me boro il C Firm/Company
- 9617 Regents Park Dr. Address
Tampa, FL 33647 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (795) 979 - 3406 Area Code Daytime Telephone Number 900 219 4539
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>\landsom</u> so 5, <u>2015</u> and assigned
Florida document number <u>LIS 00000946</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	27221 State Rd 510
(Principal office address MUST BE A STREET ADDRESS)	
	wesley chapel, FL 33544
Enter new mailing address, if applicable:	27221 State Rd. 56
(Mailing address MAY BE A POST OFFICE BOX)	Svite 109
	Wesley Chapel, FL 3354L)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	yell Jones Sin w
New Registered Office Address: 91017	Coce of Pork Orize
Ta	m co , Florida 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
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		St. Pelusburg, FL	Remove
		337110	Change
			🗆 Add
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		Signature	Of a me	iember	or or auti	horized	leprese	ntative o	L f a memb	er				-
							<i>)</i> -							
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Filing Fee: \$25.00