45000026524

(R	equestor's Name)	-
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	
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MAY 29 2019 LALBRITTON

COVER LETTER

Div	ision of Cor	porations	· /	
SUBJECT:		CORPEVENTS LLC		
SOBJECT.		Name of Limit	ed Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return	n all correspo	ndence concerning this matter to	o the following:	
		TERRY FALLIS, EA		
			Name of Person	
		JTA BUSINESS SOLUTIO	NS LLC	
			Firm/Company	
		603 63RD. AVENUE WES	T LOT J7	
			Address	
		BRADENTON, FL 34207		
		TFALLIS63@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please cal	1:	
TERRY FA	LLIS, EA		407 580-8451 at ()	
	Name o	f Person		Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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:

1 .

Registration Section

TO:

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 Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L15000026524	any were filed on FEBRUARY 12TH, 2015	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
OUTPUT MARKETING LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	2015
Principal office address MUST BE A STREET ADDRESS	2	
Inter new mailing address, if applicable:	N/A	= = = = = = = = = = = = = = = = = = =
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:		the name of the
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

OUTDUT CODDEVENTS LLC

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			🗀 Add
			Remove
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neffective date is listed, the term If the date inserted in		ne applicable statutory fil	(optional) more than 90 days after filing.) Puring requirements, this date will	
record specifies a d he 90th day after ti	elayed effective date, he record is filed.	but not an effective	e time, at 12:01 a.m. on t	he earlier o
cas MAY U	CHROLY_	·		
	<i>/</i>	•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00