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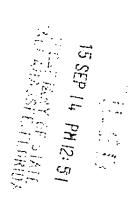
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1St United Marketing Group, LC 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:
PAUL MCABE Name of Person
15+ United Marketing Grap
201 Ansin Blvd., STEC
Hallandale Black, Fl 33009 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 (305) U84-4075 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & 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

1st united	Marketing Group, LC
( <u>Namē of the Limited Liability</u> (A Florida L	Company as it now appears on over records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L15000249</u>	mpany were filed on $02/16/15$ and assigned and $3$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

### 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> **Address** Type of Action <u>Name</u> 201 ANSIN BIVA, STECOAdd Hallandale, Fl. 3309 (Remove MUR NILOLE MAZAN ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove \_\_ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00