## 1500033033

<u> </u>	(Requestor's Name)	
<u> </u>	(Address)	·
	(Address)	<u> </u>
	(City/State/Zip/Phone #)	<u> </u>
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Statu	s
Special Instructions	s to Filing Officer:	

Office Use Only



000270251880

03/11/15--01013--011 \*\*25.00

2015 HAR II PH 4: 08

NAR 3 O 2015 D. BRUCE

## **COVER LETTER**

Division of Corp					
SUBJECT: TM	34 Marketing L	ited Liability Company	<del></del>		
	Amendment and fee(s) are sub- idence concerning this matter	•			
	David Green	Sort Name of Person			
	Tm 34 Morketi	Firm/Company			
	5197 Woodland	Address			
	Delray Beach, of Disconspor 88	City/State and Zip Code  Qquail.com to begged for future annual report notific	TALLÄHAS	2015 MAR I I	
For further information co	ncerning this matter, please ca		canon)	~ 하	
Dourd Green Name of	S Pa N Person	at (516) 680 - 9 Area Code Daytime	Telephone Number	. <b>08</b>	ga <b>n</b> ag
Enclosed is a check for the	e following amount:				
\$25.00 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 Sta Certified Copy (additional copy is e	atus &	

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 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 2.23-15  Florida document number <u>LISODO33023</u> .	and assigned
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 end with the words "Limited Liability Company," the designation "LLC" of Enter new principal offices address, if applicable:	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	\$5.55 \$7.50
B. If amending the registered agent and/or registered office address on our records, gregistered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Floric	da
City New Pagistered Agent's Signature if changing Pagistand Agents	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 the Managers or Authorized Microber on our seconds, enter the fife, name, and address of each Mismager or Authorized Member being added or removed from our records:

MGR = Mar AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
MGR	David Greenspan	5197 Woodland drive	<b>€</b> P Add
	•	5197 Woodloud drive Delroy Beach, FL, 33484	□ Kemove
			E1 Add
			Remove
			Add
			Remove
			Add Remove 1:08
			□ Add
			□ Remove
			□ Remove

	<del></del>	
ing: o date of receipt or filed	date and cannot be more	(optional)
tment of State)		
-		
)		
	d representative of a my	
	o date of receipt or filed (timent of State)	o date of receipt or filed date and cannot be more

Page 3 of 3

Filing Fee: \$25.00

ZOIS MAR II PH 4: 08