

L15000034488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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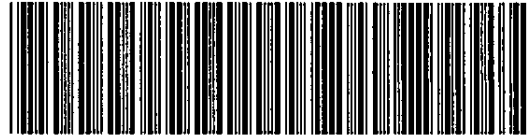
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Amend

03/18/15--01007--021 \*\*55.00

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15 MAR 18 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2015

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**

Lift Off Digital Media Marketing 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:

Michael Moersch  
Name of Person

Lift Off Digital Media Marketing LLC  
Firm/Company

415 E Pine St. Apt. 614  
Address

Orlando, FL 32801  
City/State and Zip Code

Michael.D.Moersch@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Moersch  
Name of Person

at ( 772 )  
Area Code

530-2544  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(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**

Left Off Digital Media Marketing LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
15 MAR 18 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/24/2015 and assigned  
Florida document number L15000034488.

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" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

**MGR = Manager**  
**AMBR = Authorized Member**

MGR	Michael Maersch	415 E Pine St. Apt. 614 Orlando, FL 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

MGR/AP Joseph Antonietti ☐ Add

☒ Remove

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**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

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**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

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**CLERICAL**

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**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

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**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

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**RECEPTION**

**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

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**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

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**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

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**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

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**MAIL ROOM**

**CLERICAL**

**RECEPTION**

**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

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**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

**CLERICAL**

**RECEPTION**

**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

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**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

**CLERICAL**

**RECEPTION**

**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

**CLERICAL**

**RECEPTION**

**GENERAL INVESTIGATIVE DIVISION**

**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

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**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

**CLERICAL**

**RECEPTION**

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**IDENTIFICATION DIVISION**

**LABORATORY**

**LEGAL ATTACHE**

**PLANNING AND ADMINISTRATION**

**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

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**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

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**ADMINISTRATIVE SERVICES DIVISION**

**IDENTIFICATION DIVISION**

**LABORATORY**

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**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

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**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

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**TRAINING**

**COMMUNICATIONS SECTION**

**RECORDS MANAGEMENT**

**SECURITY**

**TELETYPE UNIT**

**MAIL ROOM**

**CLERICAL**

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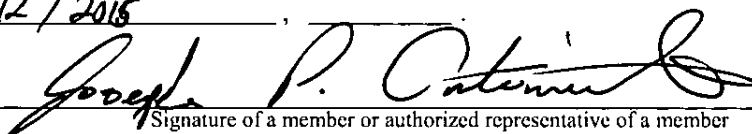
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/12/2015,

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joseph Antoniato  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 MAR 18 PM 2:11  
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