

L15000034488

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 NOV - 7 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

NOV - 9 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2016

LIFT OFF DIGITAL MEDIA MARKETING LLC  
MICHAEL MOESCH  
2601 WELLS AVE, STE. 161  
CASSELBERRY, FL 32730

SUBJECT: LIFT OFF DIGITAL MEDIA MARKETING LLC  
Ref. Number: L15000034488

RECEIVED  
2016 OCT 26 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LIFT OFF DIGITAL MEDIA MARKETING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is an amendment for your convenience. Please complete and return complete form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 316A00021765



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2016

LIFT OFF DIGITAL MEDIA MARKETING LLC  
MICHAEL MOESCH  
2601 WELLS AVE, STE. 161  
CASSELBERRY, FL 32730

SUBJECT: LIFT OFF DIGITAL MEDIA MARKETING LLC  
Ref. Number: L15000034488

We have received your document for LIFT OFF DIGITAL MEDIA MARKETING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Enclosed are the two pages missing from the incomplete document. If there are no more changes, at least sign the last page and return BOTH pages.

Do not send more money. Enclosed is a request for refund for the second check you sent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00023254

## 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 Moesch  
Name of Person

Lift Off Digital Media Marketing LLC  
Firm/Company

2601 Wells Ave Ste 161  
Address

Casselberry, FL 32730  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Moesch at ( 772 ) 530-2544  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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

**FILED**  
2016 NOV - 7 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/24/2015 and assigned  
Florida document number 105 45000034488.

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 contain 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: \_\_\_\_\_

2601 Wells Ave Ste 161

Enter Florida street address

Casselberry

City

, Florida 32720

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.*

[Signature]

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>	<u>Address</u>	<u>Type of Action</u>
<i>mm</i>	<i>mm</i>	<i>mm</i>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
2016 NOV - 7 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/04/2016, \_\_\_\_\_



Signature of a member or authorized representative of a member

Michael Moesch

Typed or printed name of signer