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(Re	questor's Name)		
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18 JUL 10 PH 5: 41
85,046) 431, 51,51515

K. SALY JUL 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PB Marke ting Grand Name of Lindted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patrick Benoit
Mayloting Group LLC Firm/Company
516 Green Springs PL
Wost Polm Roch FL 33409 City/State and Zip Code Plenoit at p-mass xiates. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Potrik Bensit at (S61) 758-9152 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secutificate of Status Status Secutificate of Stat

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

AKTICLESOF	OKGANIZATION	١	κ_{II}
•	OF	18	LED
Marketing Gra	pany as it now appears on ou del Liability Company)	Ir records.)	FILED 10 FH 5: 41
			1.53/17
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>3 -/</u>	7-2015	_ and assigned
Florida document number <u>L15 00 0048344</u> .			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Printing and Branding The new name must be distinguishable and contain the words "Limited Lia	Solations Libitity Company." the designati	L.C ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	516 Gre		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
wants war be now			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:	77 77 11		
	Enter Florida stre	et address	
		, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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				FILED	
Title	<u>Name</u>		Address	FILED 18 JUL 10 PH 5: 41 SECRETARY OF STATE	Type of Action
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of:
Dated 07-06-2018 5!/6pm	
Signature of a member or authorized represen	tution of a manch of

Page 3 of 3

Filing Fee: \$25.00