## L15000090551

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(Ad	ldress)	. , , , , ,
(Ac	idress)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 1 2015

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## **COVER LETTER**

* Division of Co	rporations
1591adve	ortising, LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Joshua Weiser
	Name of Person
	1591advertising, LLC
	Firm/Company
	1591N RidgeLakeCir
	Address
	Longwood,FL 32750
	City/State and Zip Code
	josh@1591a.com  E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Joshua Weiser	813 277-8735 at ( )
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

15 JUN 10 AM 4: 28

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1591advertising, LLC				
(Name of the Limited Liabili (A Fiorida	ty Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L15000090551	Company were filed on Ma	y 15, 2015	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	œ:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C	D."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
	444 - 8 171 1445 - 544 1711111			<u> </u>
Enter new mailing address, if applicable:				<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>
Name of New Registered Agent:  New Registered Office Address:	And the second section of the section o		t the file and territor date of the control of the	
TVW TOBISHING OTHER PROJECTS.	Enter Flori	da street address		
		, Florida		
<del></del>	City	,,	Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent;			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of r gent as provided for in C ed office address, I hereb	ny duties, and I am hapter 605, F.S. Or y confirm that the li	familiar with of this document of this document of the second of the sec	and ent is
				<b>3</b> .

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>	Address	Type of Action
AMBR	Joshua Weiser	1591 N Ridge Lake Cir	
		Longwood, FL 32750	☐ Remove
			Change
	·	•	Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Remove
		4-1	□ Change
			□ Add
	Additional design of the second secon		SECRETARY OF STATE CHARGE FILEU SECRETARY OF CORPORATIONS CHARGE FLORIDA CHARGE FLORIDA
		DE 28	

D. If amending any other information, enter change(s) here: (Attach additional sheets,	ıf necessary.)	
	<del></del>	
C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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 b) The 90th day after the record is filed.	nts, this date will not be liste	ed as the
Dated	- 3	9
Signature of a member or authorized representative of a member	<u> </u>	3EC+ /ISIO
Joshua Weiser	JUN 10 CRETAR LAHASS	N AETAR PETAR PETAR
Typed or printed name of signee	MOS A	CORPO CORPO
Page 3 of 3	4: 28 STATE LORIDA	RATIO
Filing Fee: \$25.00		<b>X</b>