# L15000 119987

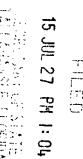
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Certified Copies	_ Certificates	of Status
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J. HARRIS

### **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Loslic Ambro	Name of Person	
		Firm/Company	
	9540 MIC	Address	
	POCCY PUTOR	City/State and Zip Code	
	ISSUC AMORES (I	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	uli: 409 -	0435
Kartlun Name o	f Person	at (All) Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T4 C Marketino	(TIOD) LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it how appears on or mited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on		and assigned
Florida document number <u>L 15000 119987</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designate	tion "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	SS)	<u> </u>	<del></del>
		100 J.	<u>=</u>
		77 (1) (0 (3)	~ ∃
Enter new mailing address, if applicable:		र्जी है। स्कर्	7
(Mailing address MAY BE A POST OFFICE BOX)		20	ž O
		<b>登上</b>	 O
		35-11	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the	name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
		, Florida	
	City	Z	Lip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{\hat{A}}$	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	icsuc gernstoot	10825 Jennifer in	□ Add
		BOXO ROTON, F1 33428	Remove
			Change
MGR	Matthew Gernstock	10825 Jannifer in	b Add
	•	BOCCA ROTON, 7-1 33428	☐ Remove
			Change
			Add
		·	Remove
			Change
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			□ Change

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Filing Fee: \$25.00