

L15 000132535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

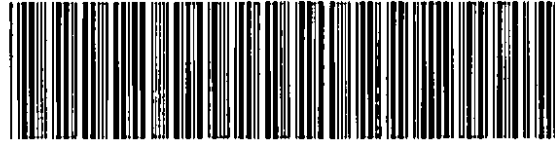
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700349707677

04-01-2019 14:10:00

FILED
2020 OCT 19 AM 8:57
S. YOUNG

OCT 20 2020
S. YOUNG



2020 SEP 15 PM 12:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2020

SARA SHAKE
MAD PUBLIC RELATIONS LLC
2121 SW 28TH WAY
FORT LAUDERDALE, FL 33312

SUBJECT: MAD PUBLIC RELATIONS LLC
Ref. Number: L15000132535

We have received your document for MAD PUBLIC RELATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6050.

Shelia S Young
Regulatory Specialist II

Letter Number: 820A00018561

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **MAD PUBLIC RELATIONS 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:

Sara Shake

Name of Person

Mad Public Relations LLC

Firm/Company

2121 SW 28th Way

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

sara@themrkt.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Shake

954

3363275

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAD PUBLIC RELATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 OCT 19 AM 8:57
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
IN AND FOR THE STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/3/2015 and assigned
Florida document number L15000132535.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MRKT AGENCY LLC

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:

2121 SW 28th Way

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33312

Enter new mailing address, if applicable:

2121 SW 28th Way

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33312

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:

Sara Shake

New Registered Office Address:

2121 SW 28th Way

Enter Florida street address

Fort Lauderdale

City

Florida 33312

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

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00