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OCT 05 2015 S. YOUNG

	, ,	COVER LETTER		
TO: Registration Se Division of Cor		Karagerick von Ser St	··.	
SUBJECT:	Name of Lim	Keting Solution	S. Let're sa	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	er to es s	
Please return all correspo	ondence concerning this matter	to the following:		
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••	Coral spring	ys, FL 3307 City/State and Zip Code FMar Keting 4V@ gm	b. Sagar	ED ED
For further information co	E-mail address: (to oncerning this matter; please ca	at (954)	cation)	The trace of the second
Enclosed is a check for th		Area Code Daynme	Telephone Number	
□ \$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 Statu Certified Copy (additional copy is encl	
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Registra Division P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

)F Marketin	ig Solv	tions			· · · · · · · · · · · · · · · · · · ·
(Name of the Limited L (A F	iability Company lorida Limited Lia	as it now appears o bility Company)	n our records.)		
The Articles of Organization for this Limited Liabil Florida document number		ere filed on 8	106/15	and as	signed
This amendment is submitted to amend the following	ıg:	,	r · · · · · · · · · · · · · · · · · · ·	**	
A. If amending name, enter the new name of the	limited liabilit	y company here	:		
		•••			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the design	mation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable	·	1301	W Copa	ns Rd.	(Ste G-5
(Principal office address MUST BE A STREET A.	DDRESS)	Pompano	Beach	FL	
	, . -	33064		110 5	
Enter new mailing address, if applicable:	_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	3
(Mailing address MAY BE A POST OFFICE BOX	2		·	<u> </u>	m
				100 30 30 TO	0
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B. If amending the registered agent and/or r registered agent and/or the new registered office		e address on o	ur records, <u>ente</u>	r the name	of the new
	<u>" 110-0 All T</u>			4	
Name of New Registered Agent:					
New Registered Office Address:		•			
		Enter Florida	street address		
·· .	. •	v 1	, Florida		· :
,		· City ·	· · · · · · · · · · · · · · · · · · ·	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name		Address	Type of Action
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