L15000 143596

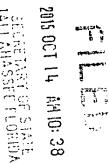
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500278023595

10/14/15--01003--006 **25.00



OCT 15 ME RIFE

COVER LETTER

TO: Reg Div	gistration Sec vision of Corp	ction '' , porations		
SUBJECT:	TRIST	AN GAINES BAYLOR LLC	>	
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	-	
Please returr	ı all correspo	ndence concerning this matter	to the following:	
		MARC LABOSSIEF		
			Name of Person	
		MARC LABOSSIER		<u> </u>
			Firm/Company	
		1222 NE 4TH AVEN		
			Address	
		FORT LAUDERDAL		
		MARC@CPAMARC	City/State and Zip Code	
			to be used for future annual report notific	ration)
For further i	nformation co	oncerning this matter, please ca	all:	
MARC I	_ABOSSIEF	RE	at (_954)763-4214_	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
⊠ \$25,00 I	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

TRISTAN GAINES BAYLOR LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	urs on our records.)		
The Articles of Organization for this Limited Liability Companifornida document number <u>L15000143596</u> .	y were filed on	AUGUST 21, 2015	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	ere:		
TRISTAN GAINES BAYLOR MARKETING LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or the ab	breviation "L	L.C.
Enter new principal offices address, if applicable:		·	1 <u>A</u> 2015	
(Principal office address MUST BE A STREET ADDRESS)			<u> 28</u> 8	
			<u> 공원 그</u>	D. S. Berling
			3112 1412 1413 1413 1413 1413 1413 1413	i g rap e∙
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			9 9	
			3\$****	;
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		n our records, <u>enter</u>	the name	of the neg
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street address		
 		, Florida		
	City		Zip Code	
New Registered Agent's Signature if changing Registered Agent	•			

New Hegistered Agent's Signature, it changing Hegistered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			Remove
		 	Change
			Change
			SE CONTRACTOR REMINISTRATION OF THE REMINIST
			_ ☐ Remove
			Change
			□ Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ı	
		
	·	
	<u></u>	
	·····	
Effective date, if other than the date of filing: (optional) (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.) F Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	Pursuant to 605.0207 (3)(b) fill not be listed as the	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or The 90th day after the record is filed.	n the earlier of:	
Dated OCTOBER 5 2015		
THE WILL		
Signature of a member or authorized representative of a member	201 FAL	
TRISTAN BAYLOR	2015 OCT	(six)
Typed or printed name of signee	——————————————————————————————————————	
Typed or printed name of signed	<u> </u>	1238 2744
Page 3 of 3	NY OF STA	