## L15000205763

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18 AUG 24 AM II: 32 SECRETAND OF STATIL

K. SALY AUG 29 2018

## **COVER LETTER**

	Registration of	n Section Corporations
elin ie <i>c</i>		oker Marketing, LLC
SUBJEC	-1; <u> </u>	Name of Limited Liability Company
The encl	osed Article	s of Amendment and fee(s) are submitted for filing.
Please re	turn all corr	espondence concerning this matter to the following:
		Amber Chancey
		Name of Person
		My Broker Marketing, LLC
		Firm/Company
		30643 Walker Cup Pl
		Address
		Wesley Chapel, FL 33543
		City/State and Zip Code
		CreativeSolMarketing@gmail.com  E-mail address: (to be used for future annual report notification)
For furth	er informati	on concerning this matter, please call:
Amber (	Chancey	813 575-0626 at ()
	Na	me of Person Area Code Daytime Telephone Number
Enclosed	l is a check	for the following amount:
\$25.0	00 Filing Fe	e ■ \$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:

TO:

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

18 AUG 24 AM 11: 3=
TALLAHASSEE, FLORIDA

My Broker Marketing, LLC

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

The Articles of Organization for this Limited Liabi	lity Company were filed on 12-9-2015	and assigned
Florida document number L15000205763	·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Creative Sol Marketing, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
Ç ( )	registered office address on our records, enter	the name of the new
registered agent and/or the new registered office	e audress nere:	
Name of Naus Posistered Agents		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	Enter Pioriaa sireel daaress	
-	, Florida, Cin-	Zin Code
N D	·	zip Code
New Registered Agent's Signature, if changing Regi		
provisions of all statutes relative to the proper caccept the obligations of my position as register	gent and agree to act in this capacity. I further ag and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the li	familiar with and . if this document is
company has been notified in writing of this cho	· · · ·	тин тигину

If Changing Registered Agent, Signature of New Registered Agent

FILED

18 AUG 24 AM II: 3=

SECRETAL OF STATE
TALLAHASSEE, FLORIDA or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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.) Pursuant to 605,0207 (Source:) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  8/22  2018			***	·····		F	TED	
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Filing Fee: \$25.00