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Certified Copies	Certificates	of Status
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Special Instructions to F	·iling Officer:	
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JUN 20 2016 S. YOUNG

COVER LETTER

Division of Co	orporations			
ELEMEN SUBJECT:	TS PUBLICITY SERVICES, L	LC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CARLOS A MORALES			
ŧ		Name of Person		
	ELEMENTS PUBLICITY	SERVICES, LLC		
		Firm/Company		
	1203 DRAGON HEAD D	RIVE		
		Address		many .
	VALRICO, FL 33594			拉圆门门
		City/State and Zip Code	·	
	ketty357@hotmail.com	to be used for future annual report notifi		
		•	cation)	
For further information	concerning this matter, please c	all:		- 1
CARLOS A MORALE	ES	813 562-5647		لىذ
Name	of Person		Telephone Number	-
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
MAI	LING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEMENTS PUBLICITY SERVI	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears oπ our records.)
The Articles of Organization for this Limited I Florida document number		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compar	ny here:
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 appli	cable:	++ ://
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		ss on our records, enter the name of the no
	1203 DRAGON HEAD DRI	VE
New Registered Office Address:		er Florida street address
	VALRICO	, Florida ³³⁵⁹⁴
	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:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
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			□ Change
			□ Remove-
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			<u></u>
			
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effect	e date, if other than the date of filing:	to date of filing or more than 90 days after tiling.) Pu	rsuant to 605.02
	f the date inserted in this block does not meet the applic nt's effective date on the Department of State's records		not be listed
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ecoi	ord specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on	the earlier
	Ooth day after the record is filed.	•	
ed	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Carlo A. Monelos Signature of a member or auth		
	ton by a Mencilo		

Page 3 of 3

Filing Fee: \$25.00