116000025413

(F	Requestor's Name)	
(A	Address)	
	Address)	
((City/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
	Document Number)	<u> </u>
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

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2019 APR 29 PH 3: 59

C. GOLDEN MAY - 9 2019

COVER LETTER

TO: Registration S Division of Co			
	eting Solutions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeffery Ewer		
	<u> </u>	Name of Person	
		Firm/Company	
	5036 Dr Phillips Blvd #156		
	Orlando, FL 32819	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information (concerning this matter, please ca	all:	
Lisa Ewer		407 929-0761	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

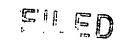
TO:

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



2019 APR 29 PM 3:59

J&L Marketing Solutions, LLC

(<u>Name of the Lim</u>	(A Florida Limited Liability Cor	npany)	
The Articles of Organization for this Limited I Florida document number L16000025413	Liability Company were filed	l on <u>2/5/2016</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	oanv here:	
he new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	eable:		
<u> Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST <u>OFFICE</u>			
 If amending the registered agent and egistered agent and/or the new registered of 		ess on our records, <u>ente</u>	r the name of the
Name of New Registered Agent:	Lisa L Ewer		
New Registered Office Address:	5036 Dr Phillips Blvd		
	Enter Florida street address		
	Orlando	Florida ³	32819
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lisa L. Ewer	5036 Dr Phillips Blvd #156 Orlando, FL 32819	
			Remove
	James Ewer		☐ Change
MGR	James Ewer		Add
		5036 Dr Phillips Blvd #156 Orlando, FL 32819	
			Change
		_ .	Add
			Remove
			Change
			Remove
			☐ Change
			Add
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an eff lote:	date, if other than the date of filing:	
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.	of:
ated	il 24th	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00