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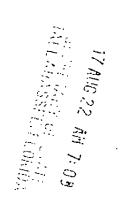
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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TO:	Registration Sec Division of Corp			,
SUBJEC		MS MARKETING LLC		
SUBJEA		Name of Limi	ted Liability Company	
The encl	losed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		EDGAR ARMANDO AR	CILA	
			Name of Person	<del></del>
		XACTO TAX SERVICES	LLC	
			Firm/Company	<del></del>
		810 SW GLENVIEW CO	URT	
			Address	
		PORT ST. LUCIE, FLOR	IDA 34953	
			City/State and Zip Code	
		xactotax@gmail.com  E-mail address: 0	o be used for future annual report notifi	cation)
For furtl	her information co	oncerning this matter, please ca	•	,
Edgar z	Armando Arcila		772 834-1190	
	Name of	Person	at ()	Telephone Number
Enclose	d is a check for the	e 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 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

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L160000447718</u> .	my were filed on 03/04/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		·
Enter new mailing address, if applicable:		_,
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered		iter the name of the
registered agent and/or the new registered office address h	<u>iere</u> :	7
Name of New Registered Agent:	····	- 5
New Registered Office Address:	.=	<u> </u>
	Enter Florida street address , Florid:	
	City , F10F1d:	Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	AXEL GOMEZ	1837 SW GRANT AVENUE	■ Add
		PORT ST. LUCIE, FL 34953	Remove
		60%	□ Change
MGR	NICOLE GOMEZ	1837 SW GRANT AVENUE	
		PORT ST. LUCIE, FL 34953	□ Remove
		40%	☐ Change
			Add
			□ Remove
			☐ Change
			Add
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ctive date, if	other than the date isted, the date must be sp	of filing:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_ (optional)	
effective date is l e: If the date ir	isted, the date must be spareted in this block de	ecific and cannot oes not meet the	be prior to date of fil applicable statute	ing or more than 90 d ry filing requireme	ays after filing.) Pursonts, this date will r	uant to 605.0 10t be listed
	ve date on the Departi					7
						AUG
ecord specif ne 90th day	fies a delayed effe after the record i	ective date, t s filed.	out not an effe	ctive time, at 1	2:U1 a.m. on_ti المراجعة	ne <b>ear</b> lier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00