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(Re	equestor's Name)	
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SEURETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJI	Corporate A	merica Marketing Services, LI	ž	
		Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Lorraine D. Powell		
			Name of Person	
		Strategic Payroll, LLC		
			Firm/Company	
		6958 Aloma Ave.		
			Address	
		Winter Park, FL 32792		
			City/State and Zip Code	
		gtlmgmt@gmail.com	to be used for future annual report notific	
For fu	rther information c	oncerning this matter, please ca	•	sation)
Lorra	inc D. Powell		407 696-2925 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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

Corporate America Marketing Services, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on06/03/16	and assigned
Florida document number 116000108156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	
		TOTAL CONTROL OF THE PROPERTY
Enter new mailing address, if applicable:		Ser J
(Mailing address MAY BE A POST OFFICE BOX)		19
		TIST III
		30 RIO
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		. 0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	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

IGR = Ma MBR = Au	nnager Ithorized Member			
<u>itle</u>	Name	Address	<u>Ty</u>	pe of Action
1GR	Josh J. Rodriguez			l Add
				l Remove
				Change
MBR	Dayna Rodriguez			l Add
				l Remove
				Change
<u>.</u>				l Add
				Remove
				Change
				Add
				Remove
				Change
				Add
			2015 JOH 2 ARASS	Remove
			Y OLY	Change Add
			: 30 ATE DRIDA	Remove

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Filing Fee: \$25.00