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(Requestor's Name)	
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SECRETARY OF STALE DIVISION OF CORPORATION

N COOPER JUN 0 7 2018

## **COVER LETTER**

	gistration Sec vision of Corp					
SUBJECT:	M	arketing	Charts Name of Lim	UCC		
		Amendment and f		•		
ricase returi	t an correspor	ndence concerning		unde lupis  Name of Person		
			Mark	eting Charts LI	_C	
		2	714 52	nd St. S Address		
				Ort FL 33767 City/State and Zip Code		
For further i	nformation co	E-n		REETING CHARTS to be used for future annual reput	oort notification)	
Je	an - Clau Name of	ele Lupis Person		at (917) 35	53 6137 Daytime Telepho	one Number
Enclosed is a	t check for the	e following amou	nt:			
<b>囡</b> \$25.00 I	filing Fee	□ \$30.00 Filin Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: ution Section t of Corporations		Registration	OURIER ADI Section Corporations	DRESS:

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marketing Charte	
( <u>Name of the Limited Mability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Trability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16</u> \(\omega\)75\00	were filed on 06/30/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.E.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	777 Brickell Are #500-9006
(Principal office address MUST BE A STREET ADDRESS)	Miani, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 Brickell Ave #500-9006 Miani, FL 33131
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: CV	Aristopher Lindenburg & Signary  37 3rd Ave. N
New Registered Office Address: 475	Enter Florida street address
H. Ret	ershara Florida 33713 Sc
New Registered Agent's Signature, if changing Registered Agent:	Zap Code 115

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 = A $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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<u>te:</u> If the c	e, if other than the date of filing:  tte is listed, the date must be specific and cannot be prior  late inserted in this block does not meet the appliance of the condition of the Department of State's records	icable statutory filing requiremen	(optional) ys after filing.) Pursuant to 605,0 its, this date will not be listed
record s he 90th	pecifies a delayed effective date, but no day after the record is filed.	ot an effective time, at 12	:01 a.m. on the earlier
ed	June 4 . 2018	·	
	Signature of a member or anti-	horized representative of a member	<del></del>

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