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#### **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT: UPTODA	HE HOSPITAMI	TY MARKETING LL		
SUBJECT:	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  CLAYTON CAMBOIN  Name of Person  UPTODATE HOSPITALITY MARKETING LLC  Firm/Company  3601 W VINEST #310  Address  WISSIMMEE - FL 34741  City/State and Zip Code  Manager On Cls hospitality. Com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  TON CAMBOIN  at (321) 3030882  Area Code  Daytime Telephone Number			
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	CLAYT	ON CAMBOIN  Name of Person		
			TNG. LLC	
	managley E-mail address: (t		lify. com	
For further information con				
CLAYTON	V CAMBOIM	at (321) 30308	82	
Name of P	'erson	Area Code Daytime T	elephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

#### 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

## TO ARTICLES OF ORGANIZATION OF

	MARKETING LLC	***************************************
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on <u>07/19/0</u>	0/6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
	WIA	
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 applicable:	N/IA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	N/A	() () () ()
New Registered Office Address:	ew Registered Office Address:	6 4
	Enter Florida street address  Florida	NIA
<del></del>	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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CLAYTON CAMBOIM	3501 W VINE ST #310 KISSIMMEE-FL 34741	_tt Add
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f an efi Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this cannot's effective date on the Department of State's records.	ling.) Pursu	ant to 6 of be li	05.0207 ( sted as t
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on th	e ear	lier of:
ated	09/22/16			
	Clayton Camboun			
	Signature of a member or authorized representative of a member			
	CLAYTON CAMBOIN		<del></del>	
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00