116000171421

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: REMAX MARKETING SERVICES, LLE Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alex James Name of Person
Name of Person
Firm/Company
8421 South pronce Blosson, trail
Address
18421 South pronce Blosson, trail Address Orlando, Florida, 32809, Suite 13:
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hex James at (863) 440 - 88/3 Name of Person Area Code Dayrime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

services ille

ity Company as it now appears on our records.)
a Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>116000171421</u> 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 Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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	

Title	<u>Name</u>	Address	Type of Action
MBR	Lawrence F, schl	Address He s 842/ south orange blossom, Th ORlando, A 32809, Suit	Add E 233
			□ Remove
			Change
MGR	Alex James	6007 Anlilla DI, onlando Pl 32809	
		P 32809	DRemove
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be price.	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605, icable statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's record	s.
ecord specifies a delayed effective date, but n ne 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlie
le 90th day after the record is med.	
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Signature of a member or aut	

Page 3 of 3

Filing Fee: \$25.00