LILONO 186165

(Requestor's Name)
(Address)
(Address)
(Audices)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(========,
Codificat Conins
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



10/24/16--01031--007 **25.00



OCT 26 2016

Y SULKER

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: CENTR	Al Florida Name of Limi	Marketing Sa	ices LLC.
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	·
Please return all correspond	ence concerning this matter t	to the following:	
	Christophe	Name of Person	
		Firm/Company	
	80 moree 1	Address	
	winter Sp	City/State and Zip Code 300 @ gwcul. Code to be used for future anual report notification.	708
	Chris he E-mail address: (1	300 agwal. Co be used for future anual report notific	cation)
For further information con	cerning this matter, please ca	all:	
Christophe Name of P	erson teil	at (<u>HOT</u>) <u>844</u> Area Code Daytime	SS14 Telephone Number
Enclosed is a check for the	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

Central F	Florida Marketing Sources
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the new name must be distinguishable and contain the work	la Consultina
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	4DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
	ना 🚅 । मा
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
	•		□ Remove				
			Change				
			Add				
			□ Remove				
			Change				
			Add				
			Remove				
	·		Temes Charge Cha				
			FS Demove				
			Change				
			Add				
			☐ Remove				
			Add				
			Remove				
			□ Changa				

	•									
	•	•								_
***************************************										_
			·							_
	····									_
		•								
										_
						<u></u>	- 			_
										_
										_
										_
										_
								E	<u> </u>	
								五百 2000 2000	CT.	
								SE Y	<u>+</u>	
		•				-	•	<u> </u>		
								STAI ORI	\$	(: <u>.</u>
ective date	e, if other than te is listed, the date	the date of	filing:	not be prior	to date of fil	ing or more th	(opti an 90 days afte	onal Pursi	ant to 6	505.(
te: If the da	ate inserted in th	is block does	not meet	the applic	able statuto	ry filing req	uirements, thi	s date will n	ot be l	iste
cument's eff	fective date on th	ne Departmen	t of State	's records.						
rocord cr	ecifies a dela	wad affacti	vo dato	hut no	t an offo	tivo timo	at 12:01	am on th	10 02	حزاء
	day after the			, but no	L all elle	Lave anne	, at 12.01	a.iii. Oii ti	ie eai	110
			.							
ted OC	toper	12	<u>n</u> , <u>2</u>	2016	<u>. </u>					
		/ } .	. / 1		,					

Page 3 of 3

Filing Fee: \$25.00