## L16000/94285

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## COVER LETTER ,

Division of Co			
Bastian M	arketing LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lexie Smith		
		Name of Person	
	Prime Corporate Services		
		Firm/Company	-
	12226 S 1000 E Ste 10		
	<del> · · · - · · · · · · · · · · · · · ·</del>	Address	
	Draper, Utah 84020		
		City/State and Zip Code	
	llcsupport@primecorporate		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notifiall:	cation)
Lexie Smith		855 577-4639	
Name	of Person		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

Bastian Marketing LLC	_	
(Name of the Limb	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records,)
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)	2016 and assigned	
bis amendment is submitted to amend the following:  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 "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new		
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
	,	🛱 ယ် 📜
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	<del></del>	
Name of New Registered Agent:	Thomas J Bastian	
New Registered Office Address:		
<u> </u>	Enter Morida street	address
		_, Florida
	•	Zip Code
Now Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been natified in writing of this	er and complete performance of my duti istered agent as provided for in Chapter registered office address, I hereby confit	es, and I am familiar with and 605, F.S. Or, if this document is

Page 1 of 3

A Changing Registered Avent, 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:

Member	Authorized	
	19geneM	MCB =

поі	<u>Iype of Ac</u>	Address	<u>วิทาร์/</u>	<u>आंग्र</u>
	pp∨ []	2819 Oaklane Dr	Thomas I Bastian	явма
	Д Кеточе	Jacksonville, Plorida 32244		
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			OF CORPORAL	
			AMIN: 45	
			<u></u>	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and c		(	optional)	
Note: If the date inserted in this block does not me	et the applicable statut	iling or more than 90 days ory filing requirements	after filing.) Pursuant to 605.0 , this date will not be listed	20°
document's effective date on the Department of Sta	e's records.			
he record specifies a delayed effective da	te, but not an effe	ective time, at 12:0	01 a.m. on the earlier	. O
The 90th day after the record is filed.				
Dated October 25	2016			
	- //~	<del></del>		
Signature of a nu	inher or authorized repre	esculative of a member		

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Filing Fee: \$25.00