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	Requestor's Name)			
	Address)			
(Address)			
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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COVER LETTER

TO: **Registration Section Division of Corporations** ZENI ALINICITAL AMARKETING LLC

SUBJECT:	GHAL MARKETING LLC						
	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	DE JAROUS M BELL						
	Name of Person						
	ZEN AL DIGITAL MARK	ETING LLC					
	Firm/Company						
	332 REMINGTON DRIVE	3					
		Address					
	COLUMBIA, SC 29223						
		City/State and Zip Code					
	dejarousbell@gmail.com						
	E-mail address: (to be used for future annual report notif	ication)				
For further information c	concerning this matter, please co	ail:					
DE JAROUS M BELL		305 775-9275					
Name (of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	he 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Compa	ny as it now appears on our Liability Company)	records.)		
(// /	rioriga i.iiiiiicg i	mannity Company)			
The Articles of Organization for this Limited Liabi	lity Company	were filed on 10/28/2016	a	and assigned	
lorida document number 1.16000199046					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
				2020	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbrevia	tion # BLCT	
Enter new principal offices address, if applicable	e:	2241 NW 60th Terrace		R 2	
Principal office address MUST BE A STREET A	(DDRESS)	Sunrise, FL 33313			
Enter new mailing address, if applicable:				• • • • • • • • • • • • • • • • • • •	
(Mailing address MAY BE A POST OFFICE BOX)					
If amending the registered agent and/or registered agent and/or the new registered office address h		address on our records,	enter the name of t	he new regis	
gent and/or the new registered office address in	CIC.				
Name of New Registered Agent:	DE JAROUS M BELL				
New Registered Office Address:	2241 NW 60th	Terrace			
		Enter Florida street	address		
\$	Sunrise		, Florida		
-		City	—···	o 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 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>	Name	Address	Type of Action
MGR	Crystal Sparkles EL	2241 NW 60th Terrace	= Add
		Sunrise, FL 33313	□Remove
			Change
MGR DI	DE JAROUS M BELL	332 Remington Drive	□Add
		Columbia. SC 29223	□Remove
			€Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member DE JAROUS M BELL. Typed or printed name of signee

Filing Fee: \$25.00