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To: Division of Corporations Fax Number : (850)617-6383	
From: Account Name : JELEN ACCOUNTING SERVICES, INC Account Number : I20120000052 Phone : (305)591-9180 Fax Number : (305)591-9167	
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Electronic Filing Menu

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Corporate Filing Menu

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Help

ARTICLES OF AN	IENDMENT
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ARTICLES OF OR	GANIZATION
OF	
MKTG SPECIALISTS, LLC	
Name of the Limited Linbility Company ((A Florida Limited Linb	a) It now appears on our recurds.)
	слу Сопралу)
The Articles of Organization for this Limited Liability Company we	re filed on 11.23 2016 and assigned
Florida decument number L160000214490	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the "mited liabilit	<u>y company here</u> :
The new name must be disinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
the second of the second	
Enter new principal offices address, if applicable:	······································
(Principal office address MUST BE A STREET AD! 'FSSI	
	<u> </u>
Enter new mailing address, if applicable:	
-	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or rigistered offi	
registered agent and/or the new registered office address here;	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Louise Floring States Degress
	, Florid*
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r 5-

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 ubligations 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

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Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.

MCR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	VILLALOBOS, CHRISTIAN	16805 SW 95TH ST	bùA 🖬
		MIAMI FL, 33196.	Remove
			('hange
AMBR	SOLEXIS, BERROTERAN	9110 SW 171 CT	Add
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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: (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.



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