

L17000048617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

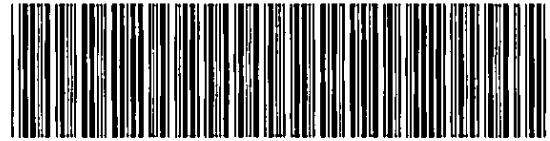
(Business Entity Name)

(Document Number)

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OCT -8 PM 5:06  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Rich Butler

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Sept. 27, 2018

Fictitious Names / Registration Section

Division of Corporations

ATT: Caitlin Snead

RE: Letter #718A-00019948

P.O. BOX 6327

Tallahassee, FL 32314

RE: The Original Selfie Fan Company, LLC name change to:  
**AmerIKYP Marketing Group, LLC**  
**L17000048617**

SEP 27 8 50 AM '18

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Dear Ms. Snead,

We are attempting to change our corporate name.

I sent in payment 2 weeks ago, but apparently completed the wrong forms.  
Enclosed please find the correct name change form, and change of address of  
registered agent.

Thank you for your prompt assistance.

Sincerely,

Richard S. Butler

mobile: 561-818-9105

Email: [info@imprint4less.com](mailto:info@imprint4less.com)



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Original Selfie Fan Company, LLC

\_\_\_\_\_  
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:

Richard S. Butler

\_\_\_\_\_  
Name of Person

The Original Selfie fan Company, LLC

\_\_\_\_\_  
Firm/Company

301 W. Atlantic Avenue Avenue Suite 05

\_\_\_\_\_  
Address

Delray Beach , Florida 33444

\_\_\_\_\_  
City/State and Zip Code

info@imprint4less.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard S. Butler

561 966-3366  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
OCT - 8 PM 5:07

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The Original Selfie fan Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/02/2017 and assigned  
Florida document number L17000048617.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AmerIKYP Marketing Group, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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:

11946 Fox Hill Circle

*Enter Florida street address*

Boynton Beach

*City*

Florida 33474

*Zip 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 Changing Registered Agent, Signature of New Registered Agent

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

IGR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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NORTH DAKOTA  
FARGO

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

050 P 3-100

**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.

Dated September 27, 2018

*Butter*

Signature of a member or authorized representative of a member

RICHARDS S. BUTLER

Typed or printed name of signee