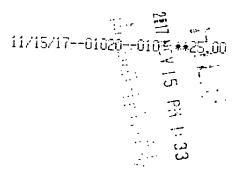
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions  AUTHORITI	The state of the s

Office Use Only



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J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	A e Double u Name of Limi	Warketing L ted Liability Company	<u>.c</u>
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Adam	Cas Pez Name of Person	
	AeDo	OBLEOU MARKE Firm/Company	TING LCC
	<u>5540</u>	Address	
		City/State and Zip Code	
	ADAM, G E-mail address: (1	ASPER O CSUC	LOBAL EDU
For further information co	oncerning this matter, please co	all:	
A D A V	n Cas7E12	at (737) 3-47 Area Code Daytimo	- 5697 Telephone Number
Enclosed is a check for th	e 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

A e DOUBLEUU MA	RKETING 4	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on(e1)	6/2017 and assigned
Florida document number <u>L 1706013779</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	C lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		(E) (1) (E)
		कि जि
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address: ~//	Enter Florida strect	address
	ismer ramaa sweet	
	Citv	, Florida
Now Degistered Agent's Signature if shanning Degistered Agent.	Crip	z.p Сош

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 = M $AMBR = A$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			🖸 Add
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Effectiv	ve date, if other than the date of filing:
Note: 1	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
docume	and a creedive date off the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.:on the earlier or
) The	90th day after the record is filed.
Dated_	November 11th 2017
_	
	Signature of member or authorized representative of a member
	Signature of member of Authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00