

L17000158674

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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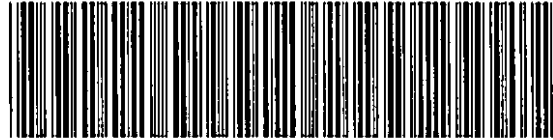
(Business Entity Name)

(Document Number)

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12-03-18-1312

FEB 12 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPERT MEDIA AGENCY 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:

MARIE B. CODE, ESQ.

Name of Person

MARIE B. CODE, ESQ., P.L.

Firm/Company

1308 SW 27TH TERRACE

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

MARIE@MARIEESQUIRE.COM

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

For further information concerning this matter, please call:

MARIE B. CODE

239

829.0063

at ()

Name of Person

Area Code

Daytime 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

EXPERT MEDIA AGENCY 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 JULY 25, 2017 and assigned Florida document number L17000158674

This amendment is submitted to amend the following:

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

YOU GET PAID LLC

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

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)

1217 E. CAPE CORAL PARKWAY #135

CAPE CORAL, FLORIDA 33904

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:

Enter Florida street address

Florida

Cin:

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RUSSELL WHITNEY	232 BAYSHORE DRIVE	<input type="checkbox"/> Add
		CAPE CORAL, FLORIDA 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RUSSELL WHITNEY	1217 E. CAPE CORAL	<input checked="" type="checkbox"/> Add
		PARKWAY #135	<input type="checkbox"/> Remove
		CAPE CORAL, FLORIDA 33904	<input type="checkbox"/> Change
AMBR	STEVEN BRANSFIELD JR.	1217 E. CAPE CORAL	<input checked="" type="checkbox"/> Add
		PARKWAY #135	<input type="checkbox"/> Remove
		CAPE CORAL, FLORIDA 33904	<input type="checkbox"/> Change
AMBR	MICHAEL JORDAN	1217 E. CAPE CORAL	<input checked="" type="checkbox"/> Add
		PARKWAY #135	<input type="checkbox"/> Remove
		CAPE CORAL, FLORIDA 33904	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

UNDER "FEI/EIN NUMBER", PLEASE DELETE "NONE" AND SUBSTITUTE FOR "82-2712893".

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E. Effective date, if other than the date of filing: _____ (optional)
(If no effective date is listed, the date _____ is the effective date.)

(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.

(b) The 90th day after the record is filed.

Dated FEBRUARY 8 2018

Russell White
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

RUSSELL WHITNEY

Typed or printed name of signee

BS-24-6-5-1812