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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
<u>-</u> .		head SMM, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	to the following:	
		Grayden Odum		
		Capital Marketing and Con	Name of Person sulting, LLC	
		5506 Baywater Drive	Firm/Company	
		Tampa, FL 33615	Address	
		grayden@capitalmc.org	City/State and Zip Code	<u> </u>
		E-mail address: (t	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	ill:	
Grayden Odum			727 366-0088	
	Name o	d Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	he following amount:		
≅ \$2	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

2018 DEC 25 PM 4:09

One Step Ahead SMM, 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 August 01, 2017 and assigned Florida document number L17000163338 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Capital Marketing and Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5506 Baywater Drive, Tampa, FL 33615 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5506 Baywater Drive, Tampa, FL, 33615 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: Grayden Odum Name of New Registered Agent: 5506 Baywater Drive New Registered Office Address: Enter Florida street address , Florida 33615
Zin Code Tampa

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.

f 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> Grayden Odum	<u>Address</u>	Type of Action
MGR	· 		
			Remove
		5506 Baywater Drive, Tampa Fl, 3 3615	■ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			Add
			Pernove
			☐ Change

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Note: II	e date, if other than the date of filing: tive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Vecember 21st 2018 x Gyf Jdn
	X G J J J Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00