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	From:	Account Name	: LEGALZOOM.COM INC.	•
		Fax Number	: (850)617-6383	
		Division of Co.		
	To:			

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIGITAL MARKETING, LLC

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# COVER LETTER

Điyi	ision of Cor	porations		
șubject:	DIGITAL	MARKETING-LLC	n de la companya de l	
Souder ( )		Name of Lim	ted Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this mutter	to the following:	
		Cheyenne Moseley		,
			Name of Person	•
	•	Legalzoom.com, Inc.		
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		Leonardotorresx@gmail.	City/State and Zip Code	
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For further in	nformation c	oncerning this matter, please co	alį:	
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Enclosed is a	check for th	e following amount:	•	
□ \$25,00:F	iling Fee	□ \$30.00 Filing Pee & Certificate of Status	D \$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 Taltahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee: FL 32301



## FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR COMMISSIONER

September 1, 2017

Mr. Leonardo Torres 2310 Academy Circle West Kissimmee, FL 34744

Re: Memory Bank Marketing

Dear Mr. Torres:

Thank you for your recent correspondence requesting approval for use of the above-referenced

It is the opinion of this Office that the corporate name (Memory Bank Marketing) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

seremy W. Smith

Director

Division of Financial Institutions

JWS/dlb

ce: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

08/31/2017 10:07 7877656172

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### DEFICE OF FINANCIAL REGULATION

## CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banco", "banque", "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, sayings and loan essociation, sayings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for OFR to consider your request for approval to use "bank," "banco", "banque", "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

The proposed business will be located at:  O ACADEMY CIRCLE KISSIMMEE FL 34744 (789) 461-7362  Street Address APT # 307 City State Zip Code Telephone  List the principals involved in the proposed company:  LEON AREO TOIRES	The nature of the bus	iness to be transacted:			
The proposed business will be located at:  O ACADEMY CIRCLE KISCHIMEE FL 34744 (789) 461-7363  Street Address APT # 307 City State Zip Code Telephone  List the principals involved in the proposed company:	SOCIAL ME	DIA AND INTERN	er HARES	THE AGENCY	
The proposed business will be located at:  O ACADEMY CIRCLE KISCHMEE FL 34744 (789) 461-736.  Street Address APT # 307 City State Zip Code Telephone  List the principals involved in the proposed company:			· t.		
Street Address APT # 307 City State Zip Code Telephone  List the principals involved in the proposed company:	The proposed busin	ress will be located at:	•		
Street Address APT # 30-7 City State Zip Code Telephone List the principals involved in the proposed company:	ACADEMY CIRCLE	WOST KISCHIMEE	FL	34444	(789) 461-7362
				Ti Cado	Tolenhono
				Zip Code	тегернопо
	List the principals i	nvolved in the proposed	d company:	Address	Telephone
Contact Person: LEOMARDO 2310 ACADEMY CHILLE (787) TORRES WEST / KISSIMMES PC 461-7362	List the principals in	Name	d company:	Address	Telephone

#### Return to:

Director, Division of Financial Institutions Office of Financial Regulation 200 East Gaines Circet Tallahassee, Florida \$2399-0371 (850) 410-9800 (850) 410-9548 (lax)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIGITAL MARKETING, LEC		
(Name of the Limited Lability Co (A Florida Lini	impany as it now appears on our record Linbing Company)	ords)
he Articles of Organization for this Limited Liability Complorida document number L17000166580	oany were filed on 08/04/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	lishility company here:	
demory Bank Marketing, LLC		
he new name must be distinguishable and end with the words "Limited	Liability Company," the designation	LLC or the abbreviation LLC"
nter new principal offices address; if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u></u>
	and the second s	N.
	galapat Talah di Samundan makanan da yang Talah Talah Talah	
nter new mailing address, if applicable:	and the second s	(C)
Mailing address MAY BE A POST OFFICE BOX	والمراقعة	
,		
. If amending the registered agent and/or registere	d office address on our reco	ords, enter the name of the t
egistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
St. D. C. Brown B. Martin B. Blank .		
New Registered Office Address:	Enter Florida street wis	trees.
		Florida
- The state of the	Giju	Zip Code

### New Registered Agent's Signature, if clianging 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, E.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

Page 1 of 3

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13239628300 From: Amanda Sando 1/2/2018 7:30.35 AM PST Page 5 of 8 If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Addrèss Name Title □ Remove 🗓 Adá ☐ Remove □ Add □ Remove \_□ AJd, II Reingve

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