## L17 000 228 664

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## **COVER LETTER**

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	gistration Se dision of Cor				
		TING SERVICES, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Hale Camerman MGR			
			Name of Person		
		E MARKETING SERVIC	ES, LLC		
			Firm/Company		
		2950 W Cypress Creek Rd	Stc 101 # 1066		
			Address		
		Fort Lauderdale FL 33309			
			City/State and Zip Code		
		info@emarketingservices.ir			
For further i	nformation c	e-mail audress: ( oncerning this matter, please c	o be used for future annual report notificall:	cation)	
Hale Camer	rman		561 4528791		
	Name o	t Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>■ \$25.00</b> (	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Sect	tion	
Division of Corporations		orporations	Division of Corp	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Ta 2415 N. Monroe	illahassee Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I Florida document number L17000228664	Jiability Company were filed on _	1/06/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	
Enter new principal offices address, if appli	cable:	JUL
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		5: 16 [080]
Mailing address MAY BE A POST OFFICE	E BOX)	
3. If amending the registered agent and/or gent and/or the new registered office addre	10.	records, enter the name of the new regi
Name of New Registered Agent:	CAMERMAN, HALE	
New Registered Office Address:	2950 W Cypress Creek Rd Ste	01 # 1066
	Enter F	orida street address
	Fort Lauderdale	, Florida 33309
	Cuy	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 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>	Name	Address	Type of Action
			🗆 Add
		A1000 - F-04511 - B-04014110 - F-041014141 - F-04104141	□Remove
			(☐Change
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			□Change
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			□Remove
			□Change

(If an et <u>Note:</u>	tive date, if other than the date of filing:
If the reco record is f	rd 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 iled.
Dated	Hale Carreynan Signature of a member or authorized representative of a member
	Hale Carrerna
	Hale Camerman

Lyped or printed name of signee