## L180000004709

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Certified Copies	_ Certificates	of Status
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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Gor		,	
SUBJECT:	FTV Marketh	g and Consulhion Liability Company	g LLG
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christoph	er Gibson Name of Person	
	FTV Marke	Jerny Company	1 ting
	2817 East	Dalc land Park B	lud # Zoo A
	Ft. Landerdale	FL. 33306 City/State and Zip Code	·
	<u>Canes</u> 20 E-mail address: (1	o G g mail, Como o beused for future annual report noti	fication)
For further information c	oncerning this matter, please co	ill:	
hris tophon (	71650h Person	at ( <u>954</u> ) <u>376 - 9</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2021 HOV 15 PH 12: 19

October 15, 2021

FTV ENTERPRISES LLC

2817 EAST OAKLAND PARK BLVD #200A1 FT LAUDERDALE, FL 33306

10142101026011

Subject: FTV ENTERPRISES LLC

RE: 621A00025182

We have received your document for the above Fictitious Name and your check(s) totaling \$50.00; however, the document **has not been filed** and is being returned for the following:

IT APPEARS YOU ARE TRYING TO FILE AN AMENDMENT PLEASE USE CORRECT FORMS.

A fictitious name cannot contain the word "Limited Liability Company," or the abbreviation "LLC," "L.L.C.," or "Limited Co." unless at least one owner of the registration is a limited liability company, and filed with the Division of Corporations.

After the corrections have been made, return the application to: Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Theresa R Wilson Reinstatement Section Division of Corporations

Letter No. 621A00025182

Division of Company tions D.O. DOV 6997 Tellaharana Elevida 9991

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tV Marketing an	d (ion sulf)	15 LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appear imited Liability Company)	rg on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 18000004709</u>	mpany were filed on	1/5/18	and assig	ıned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company he	e <u>re</u> :		
FTV Enterprises	LLC			
The new name must be distinguishable and contain the words "Limite"	ed Liability Company," the d	lesignation "LLC" or the abb	previation "L.L.	C."
Enter new principal offices address, if applicable:				<u>_</u>
(Principal office address MUST BE A STREET ADDRE	<u></u> _			
	<del></del>		200	
				<u>.</u>
Enter new mailing address, if applicable:				•
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	• 1
		· · ·	ىن ان	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our r	ecords, <u>enter the name</u>	<b>-</b> .	<u>registered</u>
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	<del></del>		<u></u>	
	Enter Flor	rida street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			

company has been notified in writing of this change.

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

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>	Address	Type of Action
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			Remove
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an effecti lote: If t	e date, if other than the date of filing:	
record sp l is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.	the
ated	11/4/21	
	Signature of a member or authorized representative of a member	