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### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

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SESSA MARKETING GROUP LLC

SUBJECT:

۰.

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:

	JASON SESSA				
		Name of Person			
SESSA MARKETING GROUP LLC					
	Firm/Company			6000 6000	
	3402 ALVARA CT			. :	
	Address			63	ſ
SPRING HILL, FL 34609					
City/State and Zip Code jsessa@floridaelitebrokers.com				$\frac{1}{\omega}$	
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information e	oncerning this matter, please c	all:			
JASON SESSA		352 428-6117 at ( )			
Name o	f Person		Telephone Number		
Enclosed is a check for th	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SESSA MARKETING GROUP LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>02/01/2018</u> and assigned Florida document number <u>1.18000028876</u>

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:		202	
(Principal office address MUST BE A STREET ADDRESS)			11
		1- 1-3	·····
	· · · · · · · · · · · · · · · · · · ·	 	. 11
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)	: ·	 	
	· •	<u>(</u> )	

# B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	MELISSA SESSA	
New Registered Office Address:	3402 ALVARA CT	
	Enter Flor	rida street address
	SPRING HILL	, Florida <sup>34609</sup>
	City	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>	Address	<u>Type of Action</u>
MGR	MELISSA SESSA	3402 ALVARA CT	<b>a</b> ∧dd
		SPRING HILL, FL 34609	🗆 Remove
			🗆 Change
PRESID	JASON SESSA	3402 ALVARA CT	🗆 Add
		SPRING HILL, FL 34609	Remove
			Change
			□Add
			🗍 Remove
			Change
			⊡Add
			Remove
			_ □Change
			□ Add
			🗆 Remove
			□Change

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (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.

If the record 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 record is filed.

Dated	NE 21	2022	Δ. ·	at 11	
		/		$h \leq 1$	
		Signature of a member or	uthorized represe	ntative of a member	
	JASON SESSA	(			
Typed or printed name of signee					