

218000032080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

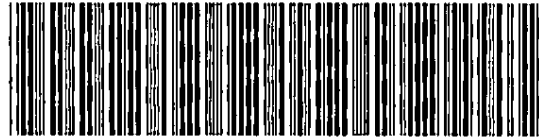
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FEB 01 2019

FILED
19 JAN 25 PM 4:40
CLERK OF COURT
JAN 25 2019

Amend

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROMOTION MARKETING OF FLORIDA, LLC

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:

Sandy Chambers

Name of Person

PROMOTION MARKETING OF FLORIDA, LLC

Firm/Company

34650 US-19 #204

Address

Palm Harbor, FL 34684

City/State and Zip Code

sandy@mypromoteam.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Sandy Chambers

727

642-4454

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

PROMOTION MARKETING OF FLORIDA, 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 02/05/2018 and assigned
Florida document number L18000032080

This amendment is submitted to amend the following:

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

NA

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:

34650 US-19 #204

(Principal office address MUST BE A STREET ADDRESS)

Palm Harbor, FL 34684

Enter new mailing address, if applicable:

34650 US-19 #204

(Mailing address MAY BE A POST OFFICE BOX)

Palm Harbor, FL 34684

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:

Name of New Registered Agent:

Sandy Chambers

New Registered Office Address:

34650 US-19 #204

Enter Florida street address

Palm Harbor

Florida 34684

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sandy Chambers	34650 US-19 #204	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	George Chambers	34650 US-19 #204	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard W. Broom	1745 OYSTER POINT WAY	<input type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gail M. Broom	1745 OYSTER POINT WAY	<input type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

January 1, 2019

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specified.)

(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 criteria above, the filing will be deemed to be an initial filing.

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.

(b) The 90th day after the record is filed.

Dated January 1, 2019

Signature of _____

Signature of a member or authorized representative of a member

Sandy Chambers

Typed or printed name of signee