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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor				•		•	
	MARKETING LLC						
SUBJECT:	Name of Lim	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	MYLES SMITH						
		Name of Person		 			
	TOUCH TECH LLC						
		Firm/Company				٠	
	4630 S. KIRKMAN RD. S	STE 171					
		Address					
	ORLANDO FL 32811				1 '* 4 6 71	20	
	MDSMIF@GMAIL.COM	City/State and Zip Code	-17			2010 SEP	
	E-mail address: (to be used for future annual	report notification)			0	:
For further information of	concerning this matter, please c	all:			1717'' 1717 : 5137''	PA	11
MYLES SMITH		321 74.	5-5335			[?] (F)	ii ent ! !
Name (of Person	Area Code	Daytime Teleph	one Number		4 71	
Enclosed is a check for t	he following amount:					,	
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		1 \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status & y		

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

JACARAS MARKETING LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on February 19, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	2 <u>2</u>
Enter new mailing address, if applicable:		100 mm
(Mailing address MAY BE A POST OFFICE BOX)		77 - 2
		0.1 2 0
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	FY	
	, Florida _	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

<u>Title</u>	Name	Address	Type of Action
			□ Add
		<u></u>	Remove
			Change
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wholly owned subsidiary of	Touch Tech LLC.	
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Fective date, if other than the neffective date is listed, the date mote: If the date inserted in this becument's effective date on the 1	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 block does not meet the applicable statutory filing requirements, this date will not be li	05.0207 sted as
record specifies a delaye The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the ear cord is filed.	lier o
September 5	2018	
icu	·	
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	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00