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COVER LETTER

TO:			77	••
SHRIF		eting Solutions, LLC	•	
3000		Name of Lim	ited Liability Company	
The en-	closed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Monique Morin-Suhweil		
	Division of Corporations MMS Marketing Solutions, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Monique Morin-Suhweil			
		MMS Marketing Solutions	s, LLC	
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Monique Morin-Suhweil Name of Person MMS Marketing Solutions, LLC Firm/Company 7757 Burnet Lane Address New Port Richey, FL 34654 City/State and Zip Code mmsconsulting,monique@gmail.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1 727 278-9061 Area Code Daytime Telephone Number the following amount: \$30.00 Filing Fee & Certificat cofy (additional copy is enclosed) \$60.00 Filing Fee, Certificat cofy (additional copy is enclosed)		
		7757 Burnet Lane		
	Division of Corporations WMS Marketing Solutions, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing, lease return all correspondence concerning this matter to the following: Monique Morin-Suhweil			
		New Port Richey, FL 3465	54	
Name of Person MMS Marketing Solutions, LLC Firm/Company 7757 Burnet Lane Address New Port Richey, FL 34654 City/State and Zip Code mmsconsulting.monique@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Monique Morin-Suhweil Name of Person Name of Person Daytime Telephone Number				
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Moniq	ue Morin-Suhweil			
	Name of	Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	-	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

MMS Marketing Solutions, 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 3/1/2018 and assigned Florida document number L18000053943 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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>	Name	Address	Type of Action
MGR	Monique Morin-Suhweil	7757 Burnet Lane	= Add
		New Port Richey, FL 34654	□ Remove
			Change
			□ Add
			Remove
			☐ Change
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F1 66	ive date, if other than the date of filing: 3-1-18 (optional)	
(If an efi	fective 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 605.0	0207 (3)
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed then the Department of State's records.	d as the
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
The		
	April 18 2018	
	April 18	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00