L18000064244

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COVER LETTER

Registration Section Division of Corporations

TO:

subject: Mark	keting Advantage U	SALIC	
Souther.		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspor	idence concerning this matter	to the following:	
	Alexander Perry		
		Name of Person	
		Firm/Company	
	101 Century 21	Dr Ste 111 Address	<u></u>
	Jacksonville FL	. 32216 City/State and Zip Code	····
	Lifeprooffin@gm	ail.com to be used for future annual report not	ification)
For further information co	ncerning this matter, please co	all:	
Alexander Pe		at (<u>904</u>) <u>450-31</u> Area Code Daytin	120 ne Telephone Number
Enclosed is a check for the	e following amount:		
X \$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 S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monre	Fallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marketing Advanta	ge USA, LLC
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.)
	Torida Limited Liability Company)
he Articles of Organization for this Limited Liabil	lity Company were filed on <u>March 13, 2018</u> and assigned
Porida document number <u>L18000064244</u>	<u> </u>
his amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LEC" or the abbreviation "L.E.C,"
Enter new principal offices address, if applicable	e:
Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	Y)
Maning maness MAT BE A POST OF FICE BO.	<u> </u>
3. If amending the registered agent and/or regis agent and/or the new registered office address be	stered office address on our records, <u>enter the name of the new registe</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	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	Type of Action
MGR	Robert Goodson	101 Century 21 Dr STE 111	□Add
		Jacksonville FL 32216	XRemove
		101 Century 21 Dr STE 111	□Change
_MGR	Alexander Perry	Jacksonville FL 32216	XAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		□Change	
			□Add
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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	-
(If an el Note:	tive date, if other than the date of filing:
the reco	rd 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 filed.
Dated	7/1/24 ALV
	Signature of a member or athorized representative of a member
	Alexander Perry Typed or printed name of signee