118000079597

Office Use Only



700313680807

05/25/18--01007--005 ++25.00

18 HAY 25 PM 3: 42

N COOPER MAY 2 9 2018

COVER LETTER

	ation Section of Corporations	
	TEREO MARKETING LLC	
30B,0.C1.	Name of Limited Lia	bility Company
The enclosed Arti	icles of Amendment and fee(s) are submitted	for filing.
Please return all c	orrespondence concerning this matter to the f	ollowing:
	VANESSA FLORES	
	-	Name of Person
	ESTEREO MARKETING LLC	
		Firm/Company
	1075 92ND ST UNIT 302	
		Address
	BAY HARBOR ISLANDS, FL 33	1154
	City/:	State and Zip Code
	VANESSOTA@GMAIL.COM	
		ed for future annual report notification)
For further inform	nation concerning this matter, please call:	
VANESSA FLOR		786 8791359 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$25.00 Filing	Certificate of Status	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ESTEREO MARKETING LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/28/2018}{}$ and ass	signed
Florida document number L18000079597		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		- 3 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
		풀 \$
		4 SE YES
Enter new mailing address, if applicable:		2 CE
(Mailing address MAY BE A POST OFFICE BOX)		78 P
		3: RATE
·		~
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name</u> <u>e</u> :	of the nev
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	Florida	
	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>	Type of Action
MGR	VANESSA FLORES	1075 92ND ST UNIT 302	Add
		BAY HARBOR ISLANDS FL 3315	□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			☐ Change
		<u></u>	Remove
			☐ Change
		·	Add
			□ Remove
			Change
			Add
			□ Remove
			Change

:	:	:		- - -
:	:	·		- - - :
				-
				
				_
				-
				_
				_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00