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(Requestor's Name)	
(Address)	
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(Description of Mounts of	
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18 JUN 25 PN 12: 0

SECRETARY OF STATE
VALLAHASSEE, FLORIDA

O SIMMONS JUN 27 2018

COVER LETTER

Divis	sion of Corp	orations		
SUBJECT:		KETING LLC		
3000.01.			ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		RAUL J. CEPERO, CPA		
			Name of Person	**
		REGISTRAR SERVICES	SLLC	
			Firm/Company	
		1500 N FEDERAL HWY	. STE 200B	
			Address	
		FORT LAUDERDALE, F	L 33304	
			City/State and Zip Code	
		SUPPORT@REGISTRAF		
		E-mail address: ()	o be used for future annual report notifica	tion)
For further inf	formation cor	ncerning this matter, please ca	dl:	
RAUL J. CE	PERO, CPA		561 441-4648 at ()	
	Name of I	'erson	Area Code Daytime To	elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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

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

mpany as it now appears on our records.) ited Liability Company)	
oany were filed on APRIL 26, 2018	and assigned
liability company here:	
iability Company," the designation "L1.C" or	the abbreviation "L.L.C."
<u> </u>	
d office address on our records, shere:	FILED PART OF the enter the name of the
Enter Florida street address	
Floric	la Ziv Codv
	d office address on our records, ohere: Enter Florida street address Florida street address Florida street address

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	<u>Address</u>	Type of Action
MGR	4 MEDIA CENTRAL LLC	350 JIM MORAN BLVD	
		DEERFIELD BEACH, FL 33442	■ Remove
			Change
MGR	DAVID J. PETERSON	350 JIM MORAN BLVD	Add
		DEERFIELD BEACH, FL 33442	Remove
			☐ Change
			□ Add
			Remember 2
			Senanger Programmer
			Remove
			Change
			
			Remove
			Change
		······································	□ Remove
			Change

Reel Marketing LLC t	o David J. Peterson;	a natural person.		
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eina daea itaekaneka	n tha data of filings	June 20, 2018		(antional)
	te must be specific and ca			(optional) ys after filing.) Pursuant to 605
If the date inserted in the ment's effective date on			atory filing requiremen	nts, this date will not be list
cord specifies a del e 90th day after the		e, but not an eff	fective time, at 12	2:01 a.m. on the earli
June 20		2018		
06/10/20		} 		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00