L18000/13423

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(Address)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Tallahassee, FL 32314

	vision of Cor			
CHD IFCT.	BONSALM	IARKETING LLC		
SUBJECT				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		THOMAS FISHER		
		-	Name of Person	
		BONSAI MARKETING L	LC	
	Firm/Company			
	618 E. SOUTH STREET, SUITE 500			
			Address	
	ORLANDO, FL, 32801			
			City/State and Zip Code	
		THOMASFISHER407@G		
			to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
THOMAS FISHER			727 748-7085 at ()	
Name of Person		f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$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)
	ailing Addres		<u>Street Address:</u> Registration Se	ction
	_	Corporations	Division of Cor	
	O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BONSAI MARKETING LLC

* OCT 12 PH 3: 21

(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 05/04/2018 and assigned Florida document number L18000113423 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." 618 E. South Street, Suite 500, Orlando, FL, 32801 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 618 E. South Street, Suite 500, Orlando, FL, 32801 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: 618 E. South Street, Suite 500 New Registered Office Address: Enter Florida street address ORLANDO

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member		20.00	
<u>Title</u>	<u>Name</u>	Address 12 PH 3: 20	Type of Action
			□Add
			□ Remove
			□Add
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			7.Ch.

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ffective date, if other than the date of filir	ng: (optional)
an effective date is listed, the date must be specific ar	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 meet the applicable statutory filing requirements, this date will not be listed as the
locument's effective date on the Department of	
d is filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 7TH	member or authorized representative of a member
S'1	, <u> </u>
4 MOLLOWAY	1) + halles

Typed or printed name of signee

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