18000113501

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
(Bu	siness Entity Name)
(Do	curnent Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



07/03/18--01013--015 **25.00

BUNISTON OF DISCULLEN 18 JUL -9 PH 2: 53

N COOPER JUL 09 2018 •

、 •			
х Х	C	COVER LETTER	
TO: Registration Sec Division of Corp			
	ARKETING CONSULTANT	S, LLC	
SUBJECT:	Name of Limit	ed Liability Company	···· <u> </u>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	KEITH LOUIS ELLWANG	ÆR	
		Name of Person	
	SUN BIZ MARKETING C	ONSULTANTS, LLC	
		Firm/Company	
	PO BOX 1605		
		Address	
	VALRICO, FL 33595-160	95	
		City/State and Zip Code	
	KeithEliwanger@gmall.co	orn to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca		
David C. Eliwanger		804 741-1665 at ()	
Name o	of Person	Area Code Dayhme	Telephone Number
Enclosed is a check for t	he following smount:		
S25.00 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)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Box 6327 uassee, FL 32314	STREET/COURD Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 32	n ations mer Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN BIZ MARKETING CONSULTANTS, 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 05/07/2018 and assigned Florida document number L18000113501

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	m "L.L.C.	-
Enter new principal offices address, if applicable:	13	
(Principal office address MUST BE A STREET ADDRESS)	յու	50 200
	ا م	
	PX	
Enter new mailing address, if applicable:	<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 ហ៊	Ē
	$-\omega$	1

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 str oes add r	£33
	, I	Torida

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, Structure of New Registered Agent

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
MEMBEI		400 S PARKER ROAD	🖸 Add
		GREENVILLE, SC 29609-1330	Remove
		—	Change
			□ Add
			C Remove
			Change
	·····		D Add
			Remove
			Change
			C Add
			Remove
			Change
			O Addi
			Remove
			Change
			🗆 Add
			Remove
		. <u>. </u>	Change

		<u> </u>	 	
<u>-</u>			 	<u> </u>
		·····	 	
				18
- <u></u>			 	ہے ' ۔۔۔۔
				ف
<u> </u>				л Т
<u> </u>	<u></u>	····	 	·
			 	ບ ມ
····				
<u></u>			 	_ _
			 <u> </u>	
	<u></u>		 	

If the record 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 record is filed.

06/29/2018 Dated _ 0 Signature of a member or authorized representative of a member

KEITH LOUIS ELLWANGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00