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| (Requesto | or's Name) |
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| (Address) | |
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| (City/State | e/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documer | nt Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing | Officer: |
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Office Use Only



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R. WHATE

COVER LETTER

TO:

Registration Section Division of Corporations

| arketing Consultants LLC | | |
|--|--|--|
| Name of Lim | ited Liability Company | |
| Amendment and fee(s) are sub | mitted for filing. | |
| idence concerning this matter | to the following: | |
| Janet Bronte | | |
| | Name of Person | |
| On Track Marketing Const | ultants LLC | |
| | Firn√Company | |
| 11986 Booth Avenue | | |
| | Address | |
| Port Charlotte, FL 33981 | | |
| | City/State and Zip Code | ··· |
| janethronte@gmail.com | | |
| E-mail address: (| to be used for future annual report not | tification) |
| neerning this matter, please c | all: | |
| | 407 375-5598 | |
| Name of Person | | ne Telephone Number |
| e following amount: | | |
| ☐ \$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) |
| <u>:</u> ection | Street Address: Registration Sc | ection |
| orporations | Division of Co | rporations |
| | | |
| | Name of Lim Amendment and fee(s) are sub Idence concerning this matter Janet Bronte On Track Marketing Const 11986 Booth Avenue Port Charlotte, FL 33981 janetbronte@gmail.com E-mail address: (Incerning this matter, please concerning this matter, please concerning this matter of Status Exection | Name of Limited Liability Company Amendment and fec(s) are submitted for filing. Idence concerning this matter to the following: Jamet Bronte |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On Track 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 Li | | 2018 and assigned |
|--|--|--|
| Florida document number L18000142939 | | |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, <u>enter the new name of</u> | the limited liability company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the design | nation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applications | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE) | BOX) | |
| | ······································ | |
| B. If amending the registered agent and/or re | egistered office address on our reco | rds, enter the name of the new registe |
| agent and/or the new registered office addres | s here: | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida s | treet address |
| | | , Florida |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing R | legistered 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, <u>enter the title, name, and address of each person_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|---------------------------|----------------|
| AMBR | Thomas E. Coghill, Sr. | 133 SE 18th Avenue | ■Add |
| | | Deerfield Beach, FL 33441 | □Remove |
| | | | □Change |
| | | | DAdd |
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| Effective date, if other than the date of filing: | | | | | | | |
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| an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. | | · | | | | | |
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| Signature of a member or authorized representative of a member. Signature of a member or authorized representative of a member. | | | | <u> </u> | | | |
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| | | | · // | Who Dry | xHz | | |
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Filing Fee: \$25.00