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COVER LETTER

SUBJECT:	ZACH TOS	TE MARKETING CONSULT	TANT LLC			
Name of Limited Liability Company						
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspoi	ndence concerning this matter	to the following:			
		Zachary Toste				
		-	Name of Person			
		ZACH TOSTE MARKETI	ING CONSULTANT LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	1931 NW 150TH AVE SUITE 108					
			Address			
		PEMBROKE PINES, FL 33028				
			City/State and Zip Code			
		zach@dotcompartners.com				
		E-mail address: (t	to be used for future annual report notific	cation)		
For further in	iformation co	oncerning this matter, please ca	all:			
Corey Hami	nond		714 488-0828 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling 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:

TO:

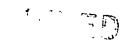
Registration Section Division of Corporations

> 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



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ZACH TOSTE MARKETING CONSULTANT 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	y were filed on 08/21/2018	and assigned
Florida document number L18000200155		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
DotCom Partners, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		cords, enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
NI EN D. L. LA		
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	<u>:</u>	

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 added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Corey Hammond	313 St. Marks Ave. Apt 2R Brooklyn, NY 11238	
			☐ Remove
			☐ Change
		-	
			☐ Remove
			Change
		 	
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
		-	Remove
			Change
			Add
			☐ Remove
			Change

			
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	ust be specific and cannot be prior block does not meet the applica		_ (optional) lays after filing.) Pursuant to 605,0207 (3)(ents, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the re		an effective time, at 1	2:01 a.m. on the earlier of:
Dated October 1	2019		
	Signature of a member or autho	rized representative of a member	Γ

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Typed or printed name of signee

Filing Fee: \$25.00