11800222063

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		OMATE LLC		
SOBJECT	•	Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		DOUGLAS MUSTAPICK		
			Name of Person	
			Firm/Company	
1781 SAN JOSE DR C Address				
			Address	
	DELRAY BEACH FL 33445		70 	
		DOUGLASM@PBMAUTO		 Vi
			to be used for future annual report notific	ation)
For further	information co	oncerning this matter, please co	ıll;	
DOUGLA	S MUSTAPIC	K.	561 8700730 at ()	
	Name o	f Person		Telephone Number
Enclosed is	s 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)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MKT AUTOMATE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 9/18/2018	and assigned
lorida document number L18000222063		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	pility company here:	
PALM BEACH MARKETING AUTOMATION LLC		-
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)	/4	· · · · · · · · · · · · · · · · · · ·
		•
Inter new mailing address, if applicable:	. / /	· •
Mailing address MAY BE A POST OFFICE BOX)	N/A	.ō
rating address MAT BE AT 051 OFFICE BOX		
		
3. If amending the registered agent and/or registered o	office address on our records,	enter the name of the n
egistered agent and/or the new registered office address her		: .>
	1	
Name of New Registered Agent:		
New Registered Office Address:	λ	
New Registered Office Address.	Enter Florida street address	
I	, Flori	da
	City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name /	Address	Type of Action
	MA		
	1		□ Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.020
locument's effective date on the Department of State's records.	indicate the same and the same
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier
The Sour day ofter the record to med.	
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00