118000336462

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2021 NOV 17 AM 2: 56
SECRETARY OF STATE ALLAHASSEE, FLORE OF STATE OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

ADC MAI	RKETING MANAGEMENT I	J.C	
30b/Le1.	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Alisha D Stockton		
		Name of Person	
	ADC Marketing Managen	nent LLC	
		Firm/Company	
	14606 Galt Lake Drive		
		Address	
	Tampa, FL 33626		
		City/State and Zip Code	
	lishastockton@hotmail.com	1	
	E-mail address: (to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	ali:	
Alisha D Stockton		813 732-5851 at ()	
Name o	d Person		e Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ADC MARKETING MANAGEMENT LLC

2021 NOV 17 AM 2:56

(Name of the Lim	ited Liability Compan	y as it now appears on our rec	ORDINAL SEE TARY OF STATE
	(A Florida Limited Li	ability Company)	MERMINOSCOTA
The Articles of Organization for this Limited I Florida document number L18000236462	Liability Company v	were filed on 10/05/2018	and assigned
Florida document number Manager 1717	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	-	
B. If amending the registered agent and/or	registered office a	ddress on our records, en	ter the name of the new register
agent and/or the new registered office address	***		
Name of New Registered Agent:	ALISHA DAWN	N STOCKTON	
New Registered Office Address:	N/A		
The registered Villes I tudiess.	-	Enter Florida street ad	dress
			Florida
		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.

Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			
			□ Remove
			□Add
		□Remove	
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			Change
			□Remove
			□Сһалge

	N/A
(If an e Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	November 15. 2021. Alisha Chuala
	Signature of a member of authorized representative of a member
	ALISHA CHWALA
	Typed or printed name of signee

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