118000269162

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000322851080

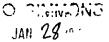
1/23/19--01015--018 +*80.08

FILED

19 JAN 23 PN 5: 13

SECRETARY OF STATE

ALL THE SCOPE FLORIDA



COVER LETTER

	egistration Sectivision of Corp						
43# 5#5 ##34 2 #		arketing LLC					
Name of Limited Liability Company							
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	ırn all correspo	ndence concerning this matter	to the following:				
		Skylar Winepol					
			Name of Person				
		HitSquad Marketing LLC					
			Firm/Company				
		2469 NW 66th Dr					
		***************************************	Address				
		Boca Raton, FL 33496					
		skylar@incredibleforesight.	City/State and Zip Code com				
		E-mail address: (to be used for future annual report notific	ation)			
For further	r information co	oncerning this matter, please ca	all:				
Skylar Wi	nepol		561 9017883 at ()				
	Name of	Person		Telephone Number			
Enclosed i	s a check for th	e 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 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

HitSquad Marketing LLC		
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our reco imited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Conlorida document number $\frac{L18000269162}{L18000269162}$	mpany were filed on 11.21.18	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
		7.55
e new name must be distinguishable and contain the words "Limite new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRE.		JAN 23 PA
nter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)		5: 13 ORIDA
If amending the registered agent and/or register gistered agent and/or the new registered office addre		rds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		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.

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
MGR	Skylar Winepol	2469 NW 66th Dr. Boca Raton, FL 33496	□ Add
			■ Remove
			Change
			三元 Add
			CAET A Remode
			SET CHOTHANGE
			STATE DE
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change

									
			<u> </u>			-			_
									
									
				·					
					<u> </u>				
							MS:	19	
		-					上島	<u></u>	
							<u> </u>	N	I
							135 1. A.B.	23	LU I
							mo Til	3	<u>Ö</u>
							FLOSTA MISS	<u> </u>	
							10,10		
								_ ယ	
						-			
 -	<u>.</u>				 .				
				_					_
		1/21.	/19						
ffective date, if other than effective date is listed, the	han the date of a date must be speci	f filing:	be prior to d	ate of tiling o	or more than O	(option	ial) ling v Purs	uant to	605 D2
lote: If the date inserted i	in this block doe	s not meet the	applicable						
ocument's effective date	on the Departme	nt of State's r	ecords.						
e record specifies a d			out not a	n effectiv	e time, at	12:01 a.i	m. on t	he ea	rlier
The 90th day after t	the record is	filed.							
		A (1) (\bigcirc					
) ·	. ()					
January 18th 	/1	/ ,		-1/					
January 18th		<i>^ ^ ^ .</i> .							
ated	W	VIN2	100	\sim					
Pated	Signatu	re of a member	or authorize	ed representa	tive of a mem	ber			-

Page 3 of 3

Filing Fee: \$25.00