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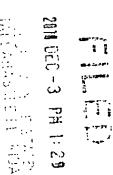
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor	porations				
	rketing Resources, LLC				
SUBJECT:	Name of Lim	ited Liability Company	- 		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Carl N. Jensen				
		Name of Person			
	Dealer Marketing Resourc	es. L.I.C			
		Firm/Company			
	6 Palmyra Lane				
		Address		•	
	Palm Coast, Florida 32164			221	enij.
		City/State and Zip Code		050 030	MLG.F.
	cnjensen827@gmail.com			11.5% - 3	green T
		to be used for future annual report notifica	ition)		3
For further information of	oncerning this matter, please ca	all:			. as. 'T.
Carl N. Jensen		813 394-9042		PH 1: 29	-
Name o	f Person		elephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section

TO:

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

Dealer Marketing Resources, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L18000269697	any were filed on November 19, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the n
Name of New Registered Agent:		A STATE OF S
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Codes

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Carl N. Jensen	6 Palmyra Lane Palm Coast, Florida 32164	= Add
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			Change
			☐ Remove
		<u> </u>	Change
			🗖 Add
			□ Remove
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Filing Fee: \$25.00