## L18000290505

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Special Instructions to Filing Officer:



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FILED
2020 SEP 10 PH 3: 11

Office Use Only

US 10/24/20

## **COVER LETTER**

TO: Registration S Division of Co			
	e Academy, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeanette Leon		
		Name of Person	<del>-</del>
	Market Me Academy, LLC		
		Firm/Company	
	3936 Fox Ridge Blvd		2023 \$
		Address	野10
	Wesley Chapel, FL 33543		10
	jenleon02@gmail.com	City/State and Zip Code	2023 SEP 10 PH 3: 1
		to be used for future annual report no	tification)
	concerning this matter, please c		
Jeanette Leon		813 846-1820 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations
		Tallahassee, F	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Market Me Academy, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 9/5/2020	and assigned
lorida document number L18000290505		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	d liability company here:	
Anti-Social Marketing, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	<del></del>
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nter new mailing address, if applicable:		SEP .
Mailing address MAY BE A POST OFFICE BOX)		(S. 10)
		FO P
		<u> </u>
B. If amending the registered agent and/or registered o	ffice address on our records, enter th	ie name of the new regis
gent and/or the new registered office address here:		7
Name of New Projectored Agents		
Name of New Registered Agent:		<del></del>
New Registered Office Address:	p., m	
	Enter Florida street address	
<u> </u>	, Flor	
	City	Zip Code

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
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the appearance of State's recomment's effective date on the Department of State's recommendate.	prior to date of fili pplicable statutor	ng or more than 90	(optional) days after filing cents, this date	.) Pursua	nt to 605.020 t be listed a
ecord specifies a delayed effective date, but not an effecti is filed.	ive time, at 12:01	l a.m. on the earl	ier of: (b) TI	ne 90th (	lay after th
ated September 5 , 2020	·				
Signature of a member or	authorized ronsess	mtativa of			

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