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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** MIAMI MARKETING SCHOOL, LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ronaldo Garcia Name of Person Firm/Company 3625 NW 82 AVE Ste 100 Address Miami, FL 33166 City/State and Zip Code master@ronaldogarcia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leoncio E. de la Peña, Esq. Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

MIAMI MARKETING SCHOOL, LLC

( <u>Name of the Limiter</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	,,,,,,,,,,,,,,,	
The Articles of Organization for this Limited Lia	bility Company were filed on January 7, 2019	CONTROL NO.
Florida document number L19000008199	<u> </u>	6. <b>6.</b>
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of	the limited liability company here:	
EMUNA MARKETING, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	<del></del>	
		<del>-</del> :-
F		
Enter new mailing address, if applicable:	<del></del> -	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
**	gistered office address on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address	s nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 Agen	t, 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
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Filing Fee: \$25.00