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Account Number : I20130000039 Phone : (305)244-0769

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARKETING & POLITICS LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/31/2019 and assigned This amendment number 119000032583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florida street address | MARKETING & POLITICS LLC | | | 7 |
|---|---|---|--|------------------|
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mutling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MAKIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | | d Liability Company as it now appr A Florida Limited Liability Company | tara on our records.) | 9.0 |
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: MARIA T MARENGO | | ability Company were filed on (| 21/31/2019 and assigned | £ |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered upont and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | This amendment is submitted to amend the follo | wing: | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the repistered agent and/or the new registered office address here: Name of New Registered Agent: MARIA T MARENGO | A. If amending name, enter the new name of | the limited liability company | <u>here</u> : | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the repistered upont and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | The new name must be distinguishable and contain the w | oids "Limited Liability Company," th | e designation "LLC" or the abbreviation "L.L.C." | _ |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | Enter new principal offices address, if applic | nble: | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | (Principal office address MUST BE A STREE | T ADDRESS) | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the replistered upont and/or the new registered office address here: Name of New Registered Agent: MARIA T MARENGO | Enter new mailing address, if applicable: | | | |
| Name of New Registered Office Address: New Registered Office Address: MARIA T MARENGO 199 OCEAN LANE DR SUITE 707 Enter Florido street address | (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| Name of New Registered Agent: New Registered Office Address: 199 OCEAN LANE DR SUITE 707 Emer Florido street address | B. If amending the registered agent and registered agent and/or the new registered of | for registered office address | on our records, enter the name of the | <u>e_n</u> e |
| New Registered Office Address: Enter Florido street address | Name of New Registered Agent: | MARIA T MARENGO | | |
| Enter Florido street address | New Registered Office Address: | | | |
| KEY BISCAYNE Florids 33149 | | | | |
| Cir. Zin Code | | | Florida 33149 | |

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

Page 1 of 3

| From: | Robert | Fani | lul |
|-------|--------|------|-----|

Fax: 18775036086

To:

Fax: (850) 617-6383

Page: 3 of 4

05/06/2019 9:28 AM

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-----------------------|--------------------------------|----------------|
| ABMR | ARIEL UMPIERREZ | 199 OCEAN LANE DR SUITE 707 | □ Add |
| | | KEY BISCAYNE, FL 33149 | |
| | | | Remove |
| | | | Change |
| AMBR | DE MEDICI GALLERY LLC | 199 OCEAN LANE DR SUITE 707 | □ Λ.L1 |
| | | KEY BISCAYNE, FL 33149 | - |
| | | | Remove |
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| | y other information, enter change(s) here: (Attach additional sheets, if necessary.) | | |
|--------------------|---|-------------|------------|
| if amending ar | y other intormation, enter change(y) neter [minor many] | | |
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| Note: If the recor | date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records. d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the oth day after the record is filed. | | |
| Dated Al | PRIL 30 , 2019 | | 2019 |
| | Signature of a member or authorized representative of a member | | 19 MAY |
| | MARIA T MAKENGO HARIA TERESA MARENGO Typed or printed traine of signee |) | (-6 A |
| | | ŗi. | AH S |
| | Page 3 of 3 | | 9: 0 |
| | Filing Fee: \$25.00 | r- | 1 0 |