

W19000063907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

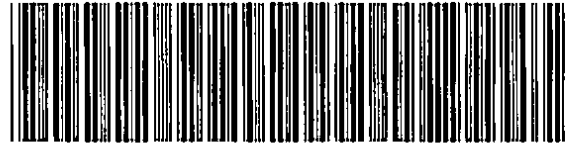
(Business Entity Name)

(Document Number)

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JAN 17 2022

2021 DEC 15 AM 9:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EA Marketing Group of Tampa, LLC
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:

Megan Revels

Name of Person

EA Marketing Group of Tampa, LLC

Firm/Company

4802 SOUTH FLORIDA AVE,

Address

LAKELAND, FL 33813

City/State and Zip Code

meganp2121@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Revels

863 412-8372
at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC 15 AM 9:41

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

EA Marketing Group of Tampa, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 DEC 15 AM 9:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/6/2019 and assigned
Florida document number L19000063907.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4802 SOUTH FLORIDA AVE
LAKELAND, FLORIDA 33813

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4802 SOUTH FLORIDA AVE
LAKELAND, FL 33813

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Megan Revels

New Registered Office Address:

4802 SOUTH FLORIDA AVE

Enter Florida street address

LAKELAND

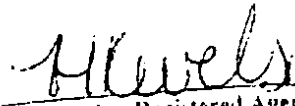
City

Florida 33813

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, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DILSE, LLC	3749 BRUCE B DOWNS	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIENIS CORPORATION	33139 US HIGHWAY 19 N	<input type="checkbox"/> Add
		PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VITABO, LLC	14308- N DALE MABRY HWY	<input type="checkbox"/> Add
		TAMPA, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	V WILSON ENTERPRISES LLC	2480 N HERITAGE OAKS PATH	<input type="checkbox"/> Add
		HERNANDO, FL 34442	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	R&S RESTAURANTS, LLC	14308-B N DALE MAYBRY HWY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	R&S RESTAURANTS II, LLC	33139 US HWY 19 N	<input checked="" type="checkbox"/> Add
		PALM HARBOR FL, 34684	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1.) ADD: AMBR. EVERYDAY ELEGANCE, CO

3749 BRUCE B DOWNS, WESLEY CHAPEL, 33544

2.) CHANGE: ADDRESS FOR AMBR DENLAU CORPORATION SHOULD BE 7060 US HWY 19 N,
PINELLAS PARK FL 33781

3.) ADD: MGR, MEGAN REVELS

4802 SOUTH FLORIDA AVE, LAKELAND, FL 33813

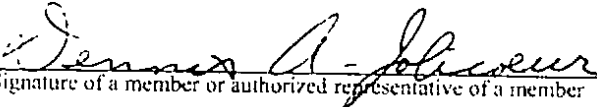
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 8 2021



Signature of a member or authorized representative of a member

DENNIS A JOLICOEUR

Typed or printed name of signee

Filing Fee: \$25.00