# L19000088 112

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## COVER LETTER .

Division of Corp		-	
SUBJECT: 56 (	n Marketic Name of Lin	19 LLC and Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shaw	Name of Person	
	- 20N	1 Marketys	LLC :
	14407 22	nd Pl Z. Address	
	Bradenton	FL 34212 City/State and Zip Code	
	Shawna ma E-mail address: (	leckia gnail. C	<u>O</u> <u> </u>
For further information co	oncerning this matter, please ca	all:	
Shawna	Malecki	at (941) 96 7	2-4833
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stom Marketing	, LLC	
(Name of the Limited Liability Comba (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L   9000 &amp; 811 Z</u> .	were filed on April	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	14407 2200 Pl Bradenton, FL 3	E. 34212
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	14407 gard Pr Bradenton, FL	1 E. 34212
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effecti t <u>e:</u> If	e date, if other live date is listed, the date inserte t's effective dat	the date must be sed in this block of	specific and does not m	cannot be pr eet the app	ior to date o licable stat	filing or more		after filing.)	
	rd specifies a Oth day afte			ate, but	not an ef	fective tin	ne, at 12:	01 a.m. o	n the earlier
ed	May	27	,	201	19. 100 o	10.	1 . )		

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Filing Fee: \$25.00