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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Promotional Marketing Online, 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:

Karen Reed

\_\_\_\_\_  
Name of Person

Promotional Marketing Online, LLC

\_\_\_\_\_  
Firm/Company

2705 Tamiami Trl, Unit 315

\_\_\_\_\_  
Address

Punta Gorda, FL 33950

\_\_\_\_\_  
City/State and Zip Code

karen@promotionalmarketingonline.com

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

For further information concerning this matter, please call:

Karen Reed

\_\_\_\_\_  
Name of Person

941 at ( )

Area Code

347 8564

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Promotional Marketing Online, LLC

(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 April 5, 2019 and assigned  
Florida document number L19000095412.

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:

2705 Tamiami Trl, Unit 315

**(Principal office address MUST BE A STREET ADDRESS)**

Punta Gorda, FL 33950

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Karen Reed

New Registered Office Address:

2705 Tamiami Trl, Unit 315

*Enter Florida street address*

Punta Gorda

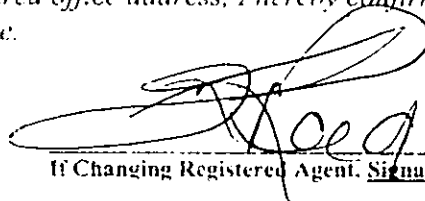
Florida 33950

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

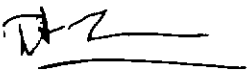
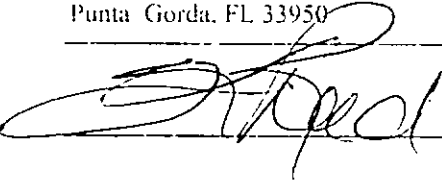
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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>
Mr	Peter Prins	3634 Licat Ct, Punta Gorda, FL 33950	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Karen Reed	2705 Tamiami Trl, Unit 315, Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee