## L19000106883

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

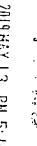
Office Use Only



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U5/13/19--U1U33--U16 \*\*25.00





R. WHITE MAY 22 2019

## **COVER LETTER**

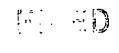
	Registration S Division of Co			
cun icc		Marketing LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all corresp	ondence concerning this matter	to the following:	
		Lexie Rivers		
			Name of Person	
		Prime Corporate Services		
			Firm/Company	
		12226 S 1000 E Ste #3		
			Address	
		Draper, UT 84020		
			City/State and Zip Code	
		cf@wpi.properties		1
		E-mail address: (	to be used for future annual report no	tification)
For further	er information	concerning this matter, please ca	all:	
Lexie Riv	vers		855 577-4639 at ()	
	Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	0 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



2019 HAY 13 PM 5: 48

CF Global Marketing LLC			et si
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Li Florida document number L19000106883			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Lighi	lity Company " the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		1970 E Osceola Pkwy	
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee, Florida 34743	
Enter new mailing address, if applicable:		1970 E Osceola Pkwy	PMB 313
(Mailing address MAY BE A POST OFFICE BOX)		Kissimmee, Florida 34743	
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	1970 E Osceola	a Pkwy PMB 313	
		Enter Florida stre	
	Kissimmee	Cin	, Florida
		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>	Address	Type of Action
AMBR	Clarabelle LA Ferguson	1970 E Osceola Pkwy PMB 313	
		Kissimmee, Florida 34743	□ Remove
			■ Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			□ Remove
			□ Change
			☐ Remove
			Change

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an effe ote:	date, if other than the date of filing:
The	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated _	May 7. 2019.  Clasabelle L. Tayusov.  Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00