L19000 160 921

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300333114623

08/19/19--01897--098 **25.00



Y SULKER AUG 27 2019

COVER LETTER

SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIRIT ZELLER		
		Name of Person	
	ORB CPA PA		
		Firm/Company	
	1000 S STATE RD 7		
		Address	
	PLANTATION, FL 33317		
	MIRIT@ORBCPA.COM	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
MIRIT ZELLER		954 362-7720	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

0

TO:

Registration Section Division of Corporations

> 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

E.H.L MARKETING LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our rec da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L19000160921	Company were filed on 06/18/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "l	LLC" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2013 AUG 19
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our reco dress here:	ords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		, 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	ROZIN, MICHAEL O	7485 INSPIRA CIR	
AMBR			Add
		APT 1212	
			□ Remove
		NAPLES, FL 34113	
			☐ Change
			
			□ Remove
			Change
			Change
			Remove
			Remove
			Change
			□ Remove
			□ Change
		1	Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
•	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	08/06 2019
	Signature of a member or authorized representative of a member
	Signature of a member for authorized representative of a member
	1

Page 3 of 3

Filing Fee: \$25.00