

L19000166335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

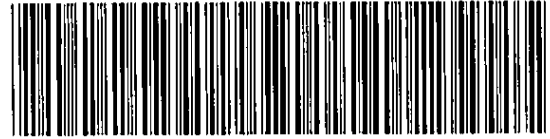
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600419875246

12-07-23--01000--012 **25.00

2023 DEC-7 PM 11:43
Filing Office
STATE

KH
12/20/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FYRE MARKETING 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:

MARGINA HUETE

Name of Person

FYRE MARKETING LLC

Firm/Company

13115 3RD ST E 1B

Address

MADEIRA BEACH FL 33708

City/State and Zip Code

CEO@FYREMARKETINGADVISORS.COM

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

For further information concerning this matter, please call:

MARGINA HUETE

Name of Person

at (813)

Area Code

813-753-5252

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

RECEIVED - 7
FEB 11 11:43

FYRE MARKETING LLC

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	HUMBERTO ARGUELLO	601 CHANNELSIDE WALKWAY	<input type="checkbox"/> Add
		UNIT 1444 TAMPA FL 33603 USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THISAL JAYASURIYA	601 CHANNELSIDE WALKWAY	<input type="checkbox"/> Add
		UNIT 1444 TAMPA FL 33603 USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

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 1, 2023

Signature of a member or authorized representative of a member

HUMBERTO ARGUELLO

Typed or printed name of signee

Filing Fee: \$25.00