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DEC 0.3 SUB

COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations SUBJECT: RES Marketing LLC Name of Limited Liability Company
SUBJECT: AES 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:
Ri Schrader Name of Person
PES marketing LLC Firm/Company
9264 Sloane St. Address
City/State and Zip Code City/State and Zip Code Change of Company Co
For further information concerning this matter, please call:
Pli Schrader at (772) 201 - 8175 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sadditional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

PES MOVEL- (Name of the Limited Lia (A Flo	hility Gempan	y as it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>L1900226</u>	y Company v うし	were filed on $\frac{9/9}{}$	and assigned
This amendment is submitted to amend the following	;;		
A. If amending name, enter the new name of the l	<u>imited liabil</u>	itv company here:	
The new name must be distinguishable and contain the words "	Limited Liabilit	y Company "the designation	"I.I.(" or the abbreviation "I.I.("
Enter new principal offices address, if applicable:		9264 5100	ine St.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	!	9264 Sloa Orlando, F	ne St. L 32827
			ords, enter the name of the new
Name of New Registered Agent:	Pii S	chrader	
New Registered Office Address:	9264	Sloane St.	
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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: Pli Schrader Pli Schrad			

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
MGR	Ali Schrader	9264 Sloane St. Orlando, FL 32827)3 Add
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			☐ Change
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			□ Change

Effective date, if other than the date of filing:		
(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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed		_
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied). The 90th day after the record is filed.		lier of:
Dated 10/30/19		
Signature of a member or authorized representative of a member	Ali Schra L	

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Typed or printed name of signee

Filing Fee: \$25.00