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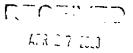
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Special Instructions to Filing Officer:				

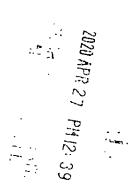
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## **COVER LETTER**

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TO:

	legistration Se Division of Cor					
SUBJECT	PUBLIC RELATIONSHIP COMMERCE LLC					
SOBJECT		Name of Lim	ited Liability Company	<del></del>		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ım all correspo	indence concerning this matter	to the following:			
		KAMMERDIENER, KAR	IN SABINE			
			Name of Person			
PUBLIC RELATIONSHIP COMMERCE LLC						
Firm/Company						
2880W OAKLAND PARK BLVD, SUITE 225C						
		<del></del>	Address			
		OAKLAND PARK, FL 33311				
			City/State and Zip Code ahoona@bellsouth.net			
		Cahoona@bellsouth.net				
For further	r information e	E-mail address: ( oncerning this matter, please e	to be used for future annual report not all:	itication)		
KAMMERDIENER, KARIN SABINE			954 663 5018 at ( )			
	Name o	f Person		ne Telephone Number		
Enclosed i	s a check for th	ne following amount:				
■ \$25.00	) Filing Fec	□ \$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)		
	lailing Addres egistration S		Street Address:	ation		
	egistration of C		Registration Se Division of Co			
P	.O. Box 632	7	The Centre of 1	Γallahassee		
T	allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUBLIC RELATIONSHIP COMMERCE LLC

2020 APR 27 PM 12: 39

(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  $\frac{12/09/2019}{1}$ and assigned Florida document number L19000300180 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address . Florida

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:

1.2

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2020 APR 27 PFI	12: 318 pe of Action
MGR	Karin Sabine Kammerdiener	• •	∴(i- D∧dd
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional gor more than 90 days after filing requirements, this days	ng.) Pursuant to 605.020
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m	n. on the earlier (
Pated Apr 23  Signature of a member or authorized representation of the state of th	ntative of a member	
Karin Sabine Kammerdiener		
Typed or printed name of sig	znce	

Page 3 of 3

Filing Fee: \$25.00