## L20000010516

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

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O SIMMONS DEC 15 2020

Division of Corporations
SUBJECT: MENAGE MARKETING VENTURES 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:
CHARRETS HA SUHON Name of Person
MENAGE HARKETING VENTURES LLC Firm/Company
113 HARRINGTON COURT Address
Palm Spring Fl, 332461 City/State and Zip Code
Henage marketing ventures 69 mail Com  Henage marketing ventures 69 mail Com  Henage marketing ventures annual report notification)
For further information concerning this matter, please call:
Garreisha Sutton at (954) 470 - 2159  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status

Mailing Address:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

## TO ARTICLES OF ORGANIZATION

Florida document number 120000010516 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 "L.L.C." 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: Alzin Cameron

113 harrington court

EntedFlorida street address

Palm Spring Florida 33461

Zip Code Name of New Registered Agent: New Registered Office Address:

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.

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 221MC -7 R1 7:53	Type of Action
AMBR	Alain cameron	113 harrington court	<b>25</b> Add
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A. Sultano	
Signature of a member or authorized representative	