## L20000016047

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## **COVER LETTER**

TO: Registration Sc Division of Cor			
SUBJECT:	Mame of Limi	e Market	ing Group UC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•
Please return all correspo	ondence concerning this matter	to the following:	riA TALE
		Name of Person  COUNTER  Name of Person  Counter  Firm/Company  Address  Address  Cite/State and Zip Code  Cite/State and Zip Code  To the used for future annual report notion	7.32301 F
For further information c	oncerning this matter, please co	all:	
	<b>CD</b>	at () Area Code — Davtim	e Telephone Number
Name (	of Person	Area Code Dayum	e receptance sumeer
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 Addre	<u>883:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LALIENTE MARKETING		
(Name of the Limited Liab (A Flori	llity Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>L20000160</u> L	Company were filed on <u>01 - 09</u>	~ 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	2020 F SECR
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLt	" or the abbreviatio
Enter new principal offices address, if applicable:		6
(Principal office address MUST BE A STREET ADD	DRESS)	9: A U
Enter new mailing address, if applicable:		- TE
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del> ,
B. If amending the registered agent and/or register agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SSS
		orida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CESAR M. BLANCO	8855 SPERRY Smeet	_ <b>Z</b> Add
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f an effective date is lis Note: If the date ins	ther than the date of ted, the date must be special erted in this block does date on the Departmen	fic and cannot be prior not meet the application	able statutory filing	(optic re than 90 days after requirements, this	filing.) Pursu	ant to 605,020 of be listed a:
	elayed effective date, bu	ut not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b	) The 90th	day after the
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e record specifies a ded is filed.  Dated	60	e of a memoer of hethe	 ~			

Filing Fee: \$25.00