# LZO 0000 46664

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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#### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	ROMOTIONS ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JOURTH	Name of Person	
		Firm/Company	
	<u> 3811 NA</u>	V LYZNO ST Address	
	Boch RAT	City/State and Zip Code  Of the Local Code  Of the Local Code Code  Of the Local Code  Of	fication)
For further information cor	ncerning this matter, please ca	all:	
JUNATHAN Name of I	TYFIELLS Person		e 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 11 11 11

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(Name of the Limited Liab (A Flori	lity Company as it now appears on our record da Limited Liability Company)	r <u>ds.</u> )
The Articles of Organization for this Limited Liability		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
F. CO CUSTOM SOLV The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register gent and/or the new registered office address here		r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
	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>	<u>Address</u>	2020 ULD 11 F	W 5: 28	Type of Action
MR	MATTHEW R HENDLER	1186	NW 4Zns	ST	_ ⊠∧dd
AMBR		BOCA R	ATON, FL 3	33431	□Remove
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ective date, if other than the date of filing: _	
effective date is listed, the date must be specific and can	(optional) mot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the applicable statutory filing requirements, this date will not be listed as is records.
cord specifies a delayed effective date, but not an c filled.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d JUNE BED	3020 N
Signature of a mem	ber or authorized representative of a member