L20000 111755

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration So Division of Coo		,	من ب
SUBJECT:	DRTLC M	ARKETING LLC	Contract of the second
SUBJECT.	Name of Lin	RKETING LLC nited Liability Company	20 Miles
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Name of Person	
	DRT	Firm/Company	
	9061	BAY POINT CIRC	! LE
		Address	
	WEST PA	LH BEACH . FL . S	23411
	1 . ,	City/State and Zip Code	
	E-mail address:	City/State and Zip Code © g mail. Com to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c		
	WE POHEE.		4.55
Name o	of Person	at (<u>561</u>) <u>818- ¥</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addres		Street Address:	
Registration Division of C		Registration Sec Division of Corp	
P.O. Box 632	27	The Centre of Ta	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION		•
O	F		0
5 · - · · · · ·			The state of the s
DRTLC MARKE	TING LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our iability Company)	records.)	and assigned
The Articles of Organization for this Limited Liability Company	were filed on $04/3$	24/2020	_ and assigned
Florida document number <u>L20000111755</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designatio	n "LLC" or the abbr	eviation "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 a	ddress 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	dådress	
		, Florida	
	City	, 1 10111114	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
MOR	SHAFER. KATE	9061 BAY	🗆 Add
		906, BAY POINT CIRCLE WEST PALY BEACH FL. 33411	Remove
			□Change
	4		□Add
			□Remove
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. II at	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E 44	
(If an Note	ctive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d 05/05/2020 . Jan Des
	Signature of a member or authorized representative of a member
	\sim 2
	Typed or printed name of signee