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S. YOUNG

COVER LETTER

	Registration Sec Division of Corp			
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SUBJEC	T: <u>/ & & !</u>	S <u>Marketing</u> Name of Lim	ited Liability Company	
			. , ,	
The enclo	osed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
r rease rec	am an correspor	ndence concerning and made.	to the following.	
		ascap -	-a1 (140)	
			OL, UER Name of Person	
			Firm/Company	
			r intercompany	^
		723 554	St west Paln	Beach AC
			Address	
		LUUSL PULM	Boach DV 334	16 ⁽)
		West van	City/State and Zip Code	
		TEES Marketing	Beach PC 334 City/State and Zip Code II Ca Canal. Con to be used for future annual report noti	PA-14
		E-mail address:*(to be used for future annual report noti	fication)
For furthe	er information co	oncerning this matter, please ca	all:	
00	1	- aliuce	401 226	-7966
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
	00 Filing Fee	₩ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
_ 0 2 0		Certificate of Status	Certified Copy	Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:	otion
	Registration S Division of Co		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			i i	
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on bility Company)	our records.)	3 1
The Articles of Organization for this Limited Li	ability Company w	ere filed on <u>5</u>	<u>-12-2016</u>	and assigned
Florida document number <u>L 20000 (2-85</u>	351			ω
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	v Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	_		
			<u>-</u>	
Enter new mailing address, if applicable:			·-	
(Mailing address MAY BE A POST OFFICE)	BOX)			
			- -	
				m.s
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our recor	ds, <u>enter the na</u>	me of the new registers
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	treet address	
			, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> 4GR</u>	OSAL TOLVER	723 55th st u	vest Paly Benny Add
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n effective da e <u>te:</u> If the c	ite is listed, the late inserted ir	an the date of filing date must be specific and this block does not not the Department of S	f cannot be prior neet the applic	able statutory filin	ore than 90 days afte	i onal) r filing.) Pursuant to 605.0207 (is date will not be listed as t
-						5) The 90th day after the
ted <u>&</u>	-15-2	OAO Signature of a		·		
_		Signature of a	member or author	orized representative	of a member	· · · · · · · · · · · · · · · · · · ·
		(nc.		Oli UER ed name of signee		