L20000/62036

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
	ocument Number)	
(5.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

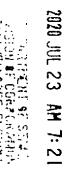
Office Use Only



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07/27/20--01029--023 **25.00

S. YOUNG





July 16, 2020

To Whom It May Concern:

I would like to change my title – Alyce Menton - from AMBR to MGR as Blue Penny Marketing is to be a Manager, Managed, LLC. I understand the responsibilities that come with this assignment.

As a manager-managed LLC, members who have not been designated as managing members do not participate in the day-to-day management of the company, nor do they have the authority to bind the company contractually. These powers and responsibilities belong instead to the LLC managers or managing members. The rights and obligations of LLC managers or managing members should be documented in the LLC operating agreement.

In addition, Dave Menton is no longer involved in Blue Penny Marketing, LLC and is to be removed.

Thank you for assisting with this change.

All the best,

Alvce Menton

alyce@bluepennymarketing.com

954.643.8279

COVER LETTER

TO: Registration Section

Division of Co	rporations		
	y Marketing, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The employed Amiolog of	f Amendment and fee(s) are sub	unittad for filing	
		_	
Please return all corresp	ondence concerning this matter	to the following:	
	Alyce Menton		
		Name of Person	
	Blue Penny Marketing, LI	.C	
		Firm/Company	
	11407 Knot Way		
		Address	<u>.</u>
	Cooper City, FL 33026		
		City/State and Zip Code	
	alyce@bluepennymarketing	·	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Alyce Menton		954 6438279	
Name	of Person	at () Area Code Daytin	ne 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 Addre	Section	Street Address: Registration Se	
P.O. Box 63	Corporations 27	Division of Cor The Centre of T	=
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	be Street, Suite 810 L 32303

I am changing myself, Alyce Menton, firm a AMBR to a MGR. And remay Due Monton

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Penny Marketing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on June 12, 2020	and assigned
Florida document number L20000162036	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flor	
	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
MGR	Dave Menton	11407 Knot Way	□Add
		Cooper City, FL 33026	■Remove
MGR	R Alyce Menton	11407 Knot Way	
		Cooper City, FL 33026	□Remove
			■Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change
		*****	□Add
			□Remove
			□Change

<u> </u>		
_		
Effective (date, if other than the date of filing:(optional)	
lf an effectiv Note: If th	date, if other than the date of filing:	0207 1 as (
e record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated	, 2020	
	What Mills	
	Signature of a member or authorized representative of a member	
	, , , , , , , , , , , , , , , , , , , ,	

Filing Fee: \$25.00