LZ0000 242398

(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor				
	CETING LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Stephen Marshall			
		Name of Person		
		Firm/Company		r.
	5007 Mortier Ave	rittivCompany		
		Address		
	Belle Isle FL 32812		•	,
	stephen@stephengmarshall	City/State and Zip Code .com		
For Control of Control		to be used for future annual report not	fication)	
Stephen Marshall	oncerning this matter, please c	321 314-8207		
	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	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 Filin Certificate Certified C (additional co	of Status &
Mailing Addres		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor The Centre of T	-	
P.O. Box 632 Tallahassee,			e Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1/4 MARKETING LLC	
(<u>Name of the Limited Liabili</u> (A Florida	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 08/10/2020 and assigned
Florida document number L20000242398	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
One Third Marketing LLC	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	DECC)
rriicipiii office uuuress 19051 BL A STREET ADDI	
	· · ·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida

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 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

			
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			©°
			<u> </u>
Fective date, if other than the neffective date is listed, the date muste: If the date inserted in this becument's effective date on the D	st be specific and cannot be prior to date lock does not meet the applicable st	of filing or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605.020
ecord specifies a delayed effectives s filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
April 19th	2021		
April 19th			