L20 000266073

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COVER LETTER

Division of Co	rporations		
subject: <u>AbRa</u>	ted Promotions Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	· Abiyah-	About Visue	<u>(2)</u>
		romotions Lac Firm/Company	
	6700 NW	Address	
	Miami, Fo	4 33147	
	Yahwudah E-mail address:	City/State and Zip Code 3600 gray/Co (to be used for future annual report noting)	2m
For further information c	oncerning this matter, please c		
Renaldo,	Harrell f Person	at (<u>334</u>) <u>728</u> – Area Code Daytim	-3982 e Telephone Number
Enclosed is a check for th	ne 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		6	

TO:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	npany as a maw appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2000266073</u> .	ny were filed on $8-24-20$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6200 NW 2nth Ave
(Principal office address MUST BE A STREET ADDRESS)	MIOMI, FL 33147
	#471462
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6700 NW27# Ave Mian, IL 33147 #471462
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent: Benalc	do Harrell
New Registered Office Address: 6700 NV	W27th Ave H-471462 Enter Florida street address
\mathcal{M}_{i}	<u>um i</u> , Florida 33/47
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

26 Ruted hhc

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Renatclo Hurrell	6700 NW 27th Ave	XIAdd
		#471462 Miani, FL 3314	2 □Remove
			□Change
MGR	Lisa Elliott	6700 NW 27th Ave	\JAdd
		#47/462 Miani, F1 33.	147 Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
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			Change
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			□Remove

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If an effect <u>Note:</u> I	ye date, if other than the date of filing:
record d is file	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 d.
Dated _	May 1st 2021.
	Signature of a member or authorized representative of a member