120000269555

| (Req | uestor's Name) | |
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| (Addi | ress) | |
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| (City/ | 'State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | iling Officer: | |
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21 MAR -5 PM 2: 53

COVER LETTER

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Tallahassee, FL 32314

TO:

| | ration Sec on of Corp | | | | |
|---|--------------------------|---|---|--|--|
| | L MARKE | ETING SOLUTIONS "LLC" | | | |
| SUBJECT: | | Name of Limit | ted Liability Company | | |
| The enclosed A | rticles of A | Amendment and fee(s) are subr | nitted for filing. | | |
| Please return al | l correspor | ndence concerning this matter t | o the following: | | |
| | | ANGEL M LIMERY | | | |
| | | | Name of Person | | |
| | | AL MARKETING SOLUT | TONS "LLC" | | |
| | | | Firm/Company | | |
| | | 3097 MANDOLIN DRIVE | | | |
| | | | | | |
| | | KISSIMMEE FL 34744 | | | |
| | | | City/State and Zip Code | | |
| | | angelllimery3@gmail.com E-mail address: (t | o be used for future annual report notifi | ication) | |
| For further info | ormation co | oncerning this matter, please ca | ıll: | | |
| ANGEL M LI | MERY | | 321 443-3232 at () | | |
| Name of Person | | Area Code Daytime | Telephone Number | | |
| Enclosed is a c | heck for th | ne following amount: | | | |
| ■ \$25.00 Fili | ing 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) | |
| | ng Addres | | Street Address: | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| | Box 632 | = | The Centre of T | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TICLES OF ORGANIZATION (INCLE)

OF STATE S

AL MARKETING SOLUTIONS "LLC"

21 MAR -5 PH 2: 53

(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 Compan | y were filed on August 31, 2020 | and assigned |
|---|---|-------------------------|
| Florida document number | | |
| 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 Lial | bility Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 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 n</u> | ame of the new register |
| | | |
| Name of New Registered Agent: | | |
| | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | |
| | Enter Florida street address, Florida | |

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 | | | Address Univision of CORPORATIONS 21 MAR -5 PH 2: 53 | | |
|--|--|---------------------|---|------------------------------|---|
| <u>Title</u> | | Name | Address | 21 MAR -5 PH 2: 53 | Type of Action |
| MGR | | ANGEL MANUEL LIMERY | | LIN DRIVE KISSIMMEE FL 34744 | □Add |
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| fective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the E | e date of filing: ist be specific and can lock does not meet | iot be prior to dai the applicable : | e of filing or more | (option than 90 days after requirements, this | filing.) Purs | uant to 10t be | 605.020 listed as |
| ecord specifies a delayed effectivis filed. | ve date, but not an e | ffective time, a | it 12:01 a.m. on | the earlier of: (b |) The 90tl | n day a | ifter the |
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| | rignature of a meml | Der or authorized | representative of | a member | | | |
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