**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:      | Division of Co                        | rporations                         |             |
|----------|---------------------------------------|------------------------------------|-------------|
|          | Fax Number                            | : (850)617-6383                    |             |
| From:    |                                       |                                    |             |
|          |                                       | : REGISTERED AGENTS INC.           |             |
|          | Account Number                        | : I20090000081                     | 1970        |
|          | Phone                                 | : (307)200-2803                    | <u> </u>    |
|          | Fax Number                            | : (855)330-1010                    | : ۱<br>زی   |
|          |                                       |                                    | دة          |
|          | _                                     |                                    | for future  |
| nter the | email address fo                      | r this business entity to be used  | 101 TUCUFE  |
| annual   | report mailings                       | . Enter only one email address ple | ease.**     |
| Email /  | Address:                              |                                    | <del></del> |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAROL LAINE MARKETING, LLC

| Certificate of Status | 0       |
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| Estimated Charge      | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit  | ed Liability Compa<br>(A Florida Limited I | ny as it now appears on our lability Company) | records.)                             |
|---|--|---|---------------------------------------|
| The Articles of Organization for this Limited 1.  | iability Company                           | were filed on 09/02/2020                      | and assigned                          |
| Florida document number L20000274128  | ·  |   |                                       |
| This amendment is submitted to amend the foll   | owing:                                     |   |                                       |
| A. If amending name, enter the new name o   | f the limited liab                         | ility company here:                           |                                       |
| The new name must be distinguishable and contain the v                                  | vords "Limited Liabit                      | lity Company," the designation                | on "LLC" or the abbreviation "L L.C." |
| Enter new principal offices address, if applic  | 7901 4th Street N                          |   |                                       |
| (Principal office address MUST BE A STREET ADDRESS)                                     |  | Suite #300                                    | 7020                                  |
|   |  | St. Petersburg, FL 3370                       | )2                                    |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)    |  | 7901 4th Street N                             | <u></u>                               |
|   |  | Suite #300                                    | <del></del>                           |
|   |  | St. Petersburg, FL 3370                       |                                       |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ess here:                                  |   | , enter the name of the new reg       |
| Name of New Registered Agent:   | Registered Agent, Inc.                     |   |                                       |
| New Registered Office Address:  | 7901 4th Street                            |   |                                       |
|   | <u></u>                                    | Enter Florida stree                           |                                       |
|   | St. Petersburg                             |   | Florida 33702                         |
|   |  | 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  |
|--------------|---------------|--------------------------|-----------------|
| AMBR         | CAROL VAPORIS | 7901 4th Street N        | □Add            |
|              |               | Suite #300               | □Remove         |
|              |               | St. Petersburg, FL 33702 | <b>■</b> Change |
|              |               |                          | □Add            |
|              |               |                          | □Remove         |
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| Note: If the date inse                 | ner than the date of filing the date must be specific and the tred in this block does not red at the Department of S | neet the applicabl  | late of filing or more t<br>e statutory filing red | (optional)<br>han 90 days after filing,<br>quirements, this date | Pursuant to 605 0207 (<br>will not be listed as t |
| e record specifies a d<br>rd is filed. | elayed effective date, but not   | t an effective time | e, at 12:01 a.m. on th                             | ne earlier of: (b) Th  | e 90th day after the                              |
| 9/15                                   |  | 2020                |  |  |   |
| Dated                                  |  | ·                   |  |  |   |
|  | <b>-</b>   |                     |  |  |   |
|  | م امرلا  |                     |  |  |   |
| <u>K</u> .L.                           | Signature of a   | member or authori.  | zed representative of a                            | member   |   |

Filing Fee: \$25.00