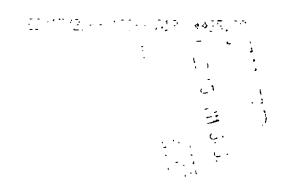
K20000334522

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
FEB 25 2022

Office Use Only



800381725678



COVER LETTER

Registration Section Division of Corporations

TO:

CUDIFOT.	VIRALIA MAR	KETING AGENCY LLC			
SUBJECT:	Name of Lin	nited 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:			
	LOVETTE DOBSON				
		Name of Person			
Name of Person					
	17350 STATE HWY 249				
	HOUSTON, TX 77064	Address			
	·	City/State and Zip Code			
	_				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
LOVETTE DOBSON		1 888-462-34	53		
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &		
Registration 9 Division of C P.O. Box 632	Section Corporations 17	Registration Se Division of Co The Centre of 2415 N. Monro	rporations Fallahassee oe Street, Suite 810		

) 5 5 W 5 1

	HARKETING AGENCY LLC	. 10 30 3.
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	· · · ·
The Articles of Organization for this Limited Liability Florida document number L20000334522	/ Company were filed on 10/21/2020	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
		_
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	East-Floring 1	
	Enter Florida street address	
	, Floric	
	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	NICOLAS HOYOS	9802 COSTA DEL SOL BLVD	= Add
		DORAL, FL 33178	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🖸 Add
			Remove
			□Change
		-	🗆 Add
			□Remove
			🗆 Change
			□Add
			[]Remove
			□Change

		-		_
				
				
				
	 			
				
				
Effective date, if other than the office (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ock does not meet the applica	able statutory filing rec		
he record specifies a delayed effective ord is filed.	date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) The 90th day	after the
Dated February, 10	, 2022			
Ku	bastian (). Signature of a member or author	Lety- prized representative of a	member	_
SEBASTIAN CANTER	0			
		ed name of signee		_