

L20 000355979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

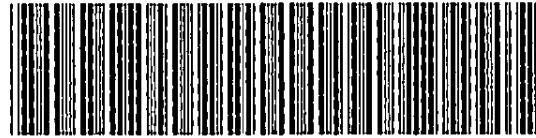
(Business Entity Name)

(Document Number)

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FEB 12 2021
S. YOUNG

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2021 JAN -4 PM 6:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

222 Abiding Marketing

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher M. Blaw

Name of Person

222 Abiding Marketing

Firm/Company

4500 EAST Bay Drive K150

Address

CLEARWATER, FL 33764

City/State and Zip Code

ebc612@netzero.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher M. Blaw

Name of Person

at (727) 200-8394

Area Code

Daytime Telephone Number

The fee is a check for the following amount:

☐ \$0 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:

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**

222 Abiding Marketing

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 JAN-4 PM 6:21

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Articles of Organization for this Limited Liability Company were filed on 10 NOV 2020 and assigned
Florida document number L20000355979.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>EO</u>	<u>Christopher Blaw</u>	<u>4500 EAST BAY Dr</u>	<input checked="" type="checkbox"/> Add
		<u>K-150</u>	<input type="checkbox"/> Remove
		<u>Clearwater, FL 33764</u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
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<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I'm Adding for the Authorized person
which is ME! Chris M. Blaw
please do this immediately

Effective date, if other than the date of filing: _____ (optional)

If the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Ord 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 led.

24 Dec 2024:

Chris M. Blaw

Signature of a member or authorized representative of a member

CHRISTOPHER M BLAW

Typed or printed name of signee