

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		ł
		}
	Office Use Or	11, J.C. 08/17/24



07/28/21--01015--019 **25.00





August 11, 2021

SABRINA L. GORBY 2561 CR 447 LAKE PANASOFFKEE, FL 33538 US

SUBJECT: LIVINGSTON DIGITAL MARKETING LLC

Ref. Number: L21000094800

We have received your document for LIVINGSTON DIGITAL MARKETING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 621A00019061 -

(1)

www.sunbiz.org

COVER LETTER

TO:	Registration Sec Division of Corp				
		gital Marketing LLC			
SUBJE	CT:	Name of Limite	ed Liability Company		
The enc	dosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please i	eturn all correspon	ndence concerning this matter to	o the following:		
		Sabrina L Gorby			
			Name of Person		
		Livinston Digital Marketing			
			Firm/Company		
1		2561 CR 447			
!			Address		
1		Lake Panasofikee, FL 3353	8		
		livingstondigitalmarketing@	City/State and Zip Code		
		E-mail address: ()	o be used for future annual report notifi	cation)	
For fur	ther information co	oncerning this matter, please ea	ill:		
Sabrin	a L Gorby		352 446-1306 at ()		
· ·	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	ed 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)	ζ5
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations \succeq allahassee c Street. Suite 810	7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Livingston Digital Marketing LLC

Name of the Limite	ed Liability Company as it now appears A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Li Florida document number L21000094800		5/2021 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	·	
B. If amending the registered agent and/or r	egistered office address on our r	ecords, enter the name of the new registered
agent and/or the new registered office addres	ss here:	
	Sabrina L Gorby	
Name of New Registered Agent:		e e
New Registered Office Address:	2561 CR 447 Enter Flo.	rida street address
	Lake Panasoffkec	Florida 33538 .
	City	, Florida 33538
New Registered Agent's Signature, if changing i	Registered Agent:	<u> </u>
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of istered agent as provided for in registered office address. I here change.	my auties, and 1 am tamiticar with and Chapter 605, F.S. Or. Pahis document is

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	Sabrina L McDermid	2561 CR 447 Lake Panasofikee, Fi 33538	
			Remove
			⊡Change
AMBR	Sabrina L Gorby	2561 CR 447 Lake Panasoffkee, FL 33538	= Add
			∐Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			□Remove
		·	Change
			BAd8
			□ □ Remove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			~.
			□Remove

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		7/2	3/2021				
fective date, if o	ther than the date age, the date must be sp	of filing:	t be prior to da	ic of filing or me	ore than 90 days at	otional) ficr filing.) Purs	uant to 605.020
ote: If the date ins	erted in this block d	loes not meet th	ae applicable	statutory filing	requirements.	this date will:	not be listed a
cument's effective	date on the Depart	ment of State's	records.			• .	. 1
						<i></i>	· ¬
ecord specifies a d	e date on the Departi	e, but not an ef	fective time.	at 12:01 a.m. c	n the earlier of:	(b) मिहं १०१	h day after the
is filed.						C	<i>~</i> ;
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ited July 23	<u> </u>		<u></u> ·				
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