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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Co				
Martindale	& McClain, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	C		
Please return all correspo	ondence concerning this matter	to the following:		
	Billy Martindale			
		Name of Person		
	Martindale & McClain, LI	LC		20
		Firm/Company		21 H
	1506 Excalibur Ct			R 2
		Address		9 P
	Lakeland, FL 33810			2021 HAR 29 PH II: OU SECRETARY DE STATE
		City/State and Zip Code		747 早
	billyjmartindalc@gmail.com	n to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	•	iteationy	
Billy Martindale		863 209-2623		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address Registration S Division of C	Section Orporations	Street Address: Registration Sec Division of Cor	porations	
P.O. Box 632	.7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Martindale & McClain, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on 03/03/2021 and assigned
Florida document number L21000103699	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Reverse Selling, LLC	~
The new name must be distinguishable and contain the words "Limited Liability Compar	
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	29
	SSO PH
	ino =
Enter new mailing address, if applicable:	FATE OF
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address o	n our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
City	Zin 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
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			□Change
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ffective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Deporture of the date in the Deporture of the Deporture o	e specific and k does not n	cannot be prior	cable statuto	ing or more the	n 90 days aft	tional) er filing.) Pr nis date wi	ursuant i II not b	to 605.020 be listed a
record specifies a delayed effective is filed.	late, but not	an effective t	ime, at 12:0	l a.m. on the	earlier of: ((b) The 9	'Oth day	y after the
ated March 25	7/1/1	2021 VII	 UN	1 / s				
S	gnature of a n	nambar as as the	<u> </u>	e c				_