

L21000321002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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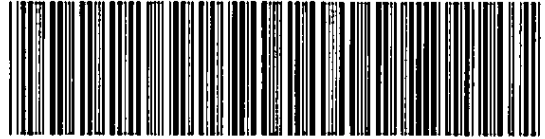
(Business Entity Name)

(Document Number)

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10/12/21--01036--004 \*\*25.00

2021 OCT 12 AM 11:19

*JP*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TKKZ MARKETING LLC  
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:

Eddie Wade Jr  
Name of Person  
TKKZ Marketing LLC  
Firm/Company  
3219 N. 48th St Apt 4  
Address  
Tampa, FL 33605  
City/State and Zip Code  
TKKZ@mail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Wade Jr at (862) 779 4802  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

TKKZ Marketing LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/14/2021 and assigned Florida document number L21000321002.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

401 E JACKSON ST  
SUITE 2304  
TAMPA, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3219 N. 48TH ST. Apt 4  
TAMPA, FL 33605

**B. If 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*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>TRINADY Wade</u>	<u>11806 Bruce B Downs</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Kayla Wade</u>	<u>11806 Bruce B Downs</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CEO</u>			<input type="checkbox"/> Change
<u><del>AP</del></u>	<u>Eddie Wade Jr</u>	<u>401 E Jackson St</u>	<input type="checkbox"/> Add
		<u>Suite 2340 Tampa FL 33612</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Desiree Butler Wade</u>	<u>401 E Jackson St</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 2340 Tampa, FL 33612</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an 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 record 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 record is filed.

Dated 09/23 2021

Signature of a member or author

Signature of a member or authorized representative of a member

Eddie Wade Jr.

Typed or printed name of signee