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COVER LETTER

	Registration Se Division of Cor			
CHD IEC.	C 2 Market	ing LLC		t en
SUBJEC'		Name of Lim	ited Liability Company	•
The enclo	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Sonya L Laney		
			Name of Person	
		Sonya L Laney CPA PA		
			Firm/Company	*****
		5131 S Ridgewood Ave St	e F	
			Address	
		Port Orange, FI. 32127		
			City/State and Zip Code	
		slaney@sonyalaney.com		
		E-mail address: (to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please of	all:	
Casey Co	tton		386 795-2777	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ī	Mailing Addres Registration S	Section	Street Address: Registration S	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	r.O. Box 032 Fallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 14 PH 12: 43 C 2 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 $\frac{07/21/2021}{1}$ _____ and assigned Florida document number L21000332235 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C2 Marketing LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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
			□Add
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ective date, if other than the effective date is listed, the date mus	t be specific and cannot be prior	to date of filing or more t	han 90 days after filing.) Purs	uant to 605,020
e: If the date inserted in this blument's effective date on the D	ock does not meet the applic epartment of State's records	able statutory ming re-	quirements, this date win	iot be fisted t
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filed.				
October 21	2021			
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	Signature of a member or auth	orized representative of a	member	
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