To: 18506176383 From: 19165767036 Date: 11/19/21 Time: 8:32 AM Page: 02/05

11/19/21, 10:30 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

ulletEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:	RLOPS@PARASEC.COM	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TTM MARKETING AGENCY, LLC

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Help

To: 18506176383 From: 19165767036 Date: 11/19/21 Time: 8:32 AM Page: 03/05

ARTICLES OF AMENDMENT

ARTICI	LES OF ORGANIZATION	HAZA F
	OF	F II NASS ASS
•		19 SSEE
TTM Marketing Age	ricy, LLC	
(Name of the Limited L	iability Company as it now appears on our records.) lorida Limited Liability Company)	AHII: AHIII: JF STAT
(A P	ionda Limited Liability Company)	II: 17 STATE ORIDA
The Articles of Organization for this Limited Liabil	ity Company were filed on 08/10/2021	and assigned
Florida document numberL21000358281		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the		
,	- martes prompt tompany nert.	
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	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
	·	
Enter new mailing address, if applicable:	***************************************	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or registered and/or the new registered office address he		name of the new registered
	_	
Name of New Registered Agent:		
New Registered Office Address:	P. P. III	
	Enter Florida street address	
	, Florid:	
	Cuy	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.

Zip Code

To: 18506176383 From: 19165767036 Date: 11/19/21 Time: 8:32 AM Page: 04/05

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>	Name	<u>Address</u>	Type of Action
AMBR	Roberto Cuartero III	11860 Pegasus Dr	⊠ Add
		Jacksonville, FL 32223	□Remove
			☐ Change
			DAdd
			П Вепюче
			☐ Change
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			
			□Add
			□ Remove
			Change

D. If amend	ding any other information, enter change(s) here: (Attach additional sheet	s, if necessary.)
~		
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		<u></u>
		
		
_		
Note: If	e date, if other than the date of filling: tive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 d the date inserted in this block does not meet the applicable stanutory filling requirement's effective date on the Department of State's records.	_(optional) ays after filing.) Pursuant to 605.0207 (3)(b mts, this date will not be listed as the
If the record s record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlic L	of: (b) The 90th day after the
Dated	November 18 2021	FIL 2021 NOV 19 SELKETARY ALLAHASSEI
	Part .	177
	Signature of a member or authorized representative of a member	AH II: I
	Typed or printed name of signee	7