## 121000478357

| (Re                     | equestor's Name)   |           |
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| (Cir                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nam  | ne)       |
| •                       | •                  | •         |
| (Do                     | ocument Number)    |           |
| •                       | ,                  |           |
| Certified Copies        | Certificates       | of Status |
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|                         | <del></del>        |           |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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A. BUTLER AUG 2 7 2022

## **COVER LETTER**

| FO: Registration Section<br>Division of Corporation | ns  | ,   | ,  |
|---|---|---|--|
| SUBJECT:  | . Bond Mark                                   | ecting UL.  | <u> </u>   |
| SUBJECT:  | Name of Limit                                 | ed Liability Company  | •  |
|   |   |   |  |
| The enclosed Articles of Amend                      | ment and fee(s) are subn                      | nitted for filing.  |  |
| Please return all correspondence                    | concerning this matter to                     | o the following:  |  |
|   | Aaron   | Elliott   |  |
| <del></del>   |   | Name of Person  |  |
| _   |   | Firm/Company  |  |
|   | 2868 5  | S. Dasis Dr. Address  |  |
|   | Boynt   | on Beach Florida 3 City/State and Zip Code                          | 3426   |
|   |   | easonable 19. Com to be used for future annual report notifi        |  |
| For further information concern                     | ing this matter, please co                    | all:  |  |
| Aaron Elli<br>Name of Perso                         | <del>oft</del>                                | at ( <u>765</u> ) <u>426 -</u><br>Area Code Daytime                 | Telephone Number   |
| Enclosed is a check for the follo                   | owing amount:                                 |   |  |
| XS25.00 Filing Fee □                                | \$30.00 Filing Fee &<br>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:                                    | yn.   | Street Address:<br>Registration Sec                                 | ction  |
| Registration Section Division of Corpo              |   | Division of Cor   | porations  |
| P.O. Box 6327                                       |   | The Centre of T   | fallahassee  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF FILED

Course Band Marketing 110

| (Name of the Limited I                                     | iability Company as it now appears on our records.)  Torida Limited Liability Company) |
|--|--|
| (A)  | SECRETARY OF STATE   |
| The Articles of Organization for this Limited Liabil       | lity Company were filed on ALLIA 64 FF 2021 and assigned                               |
| Florida document number <u>L 210004783</u>                 |  |
| This amendment is submitted to amend the following         | ng:  |
| A. If amending name, enter the new name of the             | e 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 A               | DDRESS) Boynton Beach FL 33426   |
|  |  |
| Enter new mailing address, if applicable:                  | 2868 3. Dasis Dr.  |
| Mailing address MAY BE A POST OFFICE BO.                   | Boynton Beach FL 33426   |
|  |  |
| B. If amending the registered agent and/or regis           | stered office address on our records, enter the name of the new register               |
| agent and/or the new registered office address he          | ere:   |
| Name of New Registered Agent:                              | Aaron Elliott  |
| New Registered Office Address:                             | 2868 S. Oasis Dr.  Enter Florida street address  |
|  | 0  |
| -  | Boynton Beach Florida 33426  |
|  | 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> | Address      | Type of Action |
|--------------|-------------|--------------|----------------|
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| ffective date, if other than the date of filing:  an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9206 date; If the date inserted in this block does not meet the applicable statutory filing requirements; this date will not be fisted as comment's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 96th day after the dis filed.  Signature of a member or apartment expresentative of a member  |   | _                     |
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| ffective date, if other than the date of filing:    (optional)   (optional)  |   | _                     |
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| Pated 0   2022  Signature of a member or authorized representative of a member   | an effective date; it offices that the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to office. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be | 605.0201<br>listed as |
| Signature of a member or authorized representative of a member   | record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day of Lis filed.   | after the             |
| ·  | rated 6   1   2022  |                       |
| ·  | Signature of a member or authorized representative of a member  | _                     |
|  | Torie Schartz   |                       |