L21000479035

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COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT: <u>Prom</u>	otions Clea	Mina Services ted Erability Company	LLC.
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Ashely Ni	colc Lurry Name of Person	
		Firm/Company	
	1417 Puller	n Road Apt Address	602
	Tallonosse	E Flo 323C	3
	Promotions (Service obe used for future annual report notification	511c@gmail.com
For further information co	oncerning this matter, please co	all:	
Ashely &us	Person	at (<u>229</u>) <u>501</u> Area Code Daytime	CAZLO LO Telephone Number
Enclosed is a check for th	ne 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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

Promotions Cleary (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our rec	ices, Ilc.
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000479025</u>	ere filed on Woo	202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	r Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		202) SE
		NOV 29
Enter new mailing address, if applicable:		- 0, 4 □
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street aa	dress
		, Florida
	City	, Florida Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as properties.	performance of my duties	s, and Lam familiar with and

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Keith latrell Lury In	1417 Pullen Rt Apt 602 Tallanasse Flor 32303	. [Add
			□Remove
			□Change
AMBR	Ashely Nicole Lurry	1417 Pallon 7H Apt 402 Tallanassee Fla 32303	[2] Add
	,		□Remove
			□Change
			🗆 Add
			□Remove
			Change

			□Remove
			□Add
			DRemove
			□Change
			□Add
			□Remove
			□ <i>(</i> '}

. 11 amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effect Note: If	e date, if other than the date of filing:
the record : cord is filed	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 d.
Dated _	November 29. 2021. Signature of a pumber or authorized representative of a member
	Ashely Lury Typed of printed name of signle

Filing Fee: \$25.00