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c/ 10/1/2022

## **COVER LETTER**

TÓ:		stration Sec sion of Corp				
SUBJEC		DEPENDAE	BLE MARKETING SOLUTIO	ONS, LLC		
SUBJEC	UI: _		Name of Limit	ted Liability Company		
			mendment and fee(s) are subnemed the concerning this matter t	_		
			TIMOTHY J. RÉIN, II			
				Name of Person		
			DEPENDABLE MARKET	ING SOLUTIONS		
				Firm/Company		
1567 SANDY LANE						
			· · · · · · · · · · · · · · · · · · ·	Address		<del></del>
			CLEARWATER, FL 3375	5		
				City/State and Zip Code		<del></del>
			TIMR1181@GMAIL.COM E-mail address: (to	o be used for future annual	report notification)	<u> </u>
For furth	her in:	formation co	ncerning this matter, please ca			
TIMOT	ΉΥJ	REIN, II		727 218	8-4871	
		Name of	Person	Area Code	Daytime Teleph	none Number
Enclosed	d is a	check for the	e following amount:			
<b>≘</b> \$25	.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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

2022 332 -5 7710:31

### DEPENDABLE MARKETING SOLUTIONS, 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  $\frac{2/21/22}{2}$ and assigned Florida document number L22000082639 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 "LLC." 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

#### 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.

City

\_\_, Florida \_\_\_

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
MGR	TIMOTHY J. REIN, II	1567 SANDY LANE, CLEARWATER, FL 33755	\BAdd
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not n	neet the applicable	ne or nung or more mar	(optional) 190 days after filing.) Pur rements, this date will	suant to 605.0207 (3 not be listed as th
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ne record specifies a delayed effoord is filed.	ective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
Dated		2022			
Just	by 12	-31	d representative of a mo		
7	Signature of a r	member or authorize	d representative of a me	ember	<del></del>
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