7/5/23, 10 01 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

**Enter 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 ONE ELEVEN MARKETING GROUP LLC

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To: 18506176383 From: 19166105073 Date: 07/05/23 Time: 3:03 PM Page: 03/05

ARTICLES OF AMENDMENT TO *ARTICLES OF ORGANIZATION OF

| ONE ELEVEN MARKETING GROU | #P LLC | |
|---|---|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Labihty Company) | 1 |
| The Articles of Organization for this Limited Liability Company | were filed on08/02/2022 | and assigned |
| Florida document number 1.22000339591 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" o | 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 a agent and/or the new registered office address here: | nddress on our records, enter th | e name of the new registered |
| Name of New Registered Agent: | | APPR CRETE TO |
| New Registered Office Address: | | S ENCY |
| | Enter Florida street address , Flori | 19 77 7: |
| | Сну | -Zap Co 66 |

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.

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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 | Address | Type of Action |
|--------------|------------------|------------------------|-----------------|
| AMBR | SHADAYNE MCLAREN | 6795 SARUS CRANE POINT | □Add |
| | | HARMONY FL 34773 | ⊠Remove |
| | | | |
| AMBR | JAHEEM DALEY | 6795 SARUS CRANE POINT | □Add |
| | | HARMONY FL 34773 | ⊠Remove |
| | i | | 🗆 Change |
| AMBR | AKEEM KERR | 6795 SARUS CRANE POINT | □Add |
| | | HARMONY FL 34773 | <u></u> ⊠Remove |
| | | | □ Change |
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| Effectiv | e date, if other than the date of filing: |
| | it in educe inserted in this block does not meet the approadic statutory thing requirements, this date will not be listed as a seffective date on the Department of State's records. |
| the record : ord 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 f. |
| Dated | June 29 2023 |
| | A. Wright Signature of Anthony Wright Typed or printed name of signed |
| | Signature of a member or nuthorized representative of a member |
| | |

. To: 18506176383 From: 19166105073 Date: 07/05/23 Time: 3:03 PM Page: 05/05

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