## L230002382

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	KETING AGENCY LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS MEDINA		
		Name of Person	
	• 11	Firm/Company	
	15613 SW 50 TERRACE		p Code  annual report notification)  281-7778  Daytime Telephone Number  Daytime Telephone Number  S60.00 Filing Fee, Copy Certificate of Status & Certified Copy tadditional copy is enclosed)  treet Address: egistration Section bivision of Corporations he Centre of Tallahassee
		Address	
	MIAMI, FL 33185		
	LFMEDINA@BELLSOUT	City/State and Zip Code H.NET	
P. C. A. W. Turney, in		to be used for future annual report no	tification)
	oncerning this matter, please c		
LUIS MEDINA			
Name o	if Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address		Street Address: Registration Se	ection
Registration Section Division of Corporations			
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monre	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on MAY 15, 2023	and assigned		
Florida document number L23000238211				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
··	<del>.</del>			
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or (	the abbreviation 3L.L.C."		
Enter new principal offices address, if applicable:	9736 SW 147 COURT	[023 17]		
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33196	<u></u>		
		2 PH		
Enter new mailing address, if applicable:	9736 <b>SW</b> 147 COURT	i di		
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33196			
		·		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regis		
<del></del>				

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

MIAMI

Enter Florida street address

. Florida 33196
Zip Code

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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			□Remove
			□Change
			🗀 Add
			□Remove
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Filing Fee: \$25.00