L23000288178

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	- #)
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COVER LETTER

TO:	Registration S Division of Co					
SUBJEC		s Affiliate Marketing LLC				
Name of Limited Liability Company						
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		Stephanie Goebel				
		Stephanie Goebel Name of Person ZenBusiness Inc. Firm/Company 5511 Parkcrest Drive, Ste. 103 Address				
		ZenBusiness Inc.				
			Firm/Company			
		5511 Parkcrest Drive, Ste.	103			
		· · · · · ·	Address			
		Austin, TX 78731				
			City/State and Zip Code			
		fultillment@zenbusiness.co	om			
		E-mail address: (to be used for future annual report noti	fication)		
For furth	er information	concerning this matter, please c	all:			
Stephani	ie Goebel c/o Z o	enBusiness Inc.	844 493-6249 at ()			
	Name (of Person		e Telephone Number		
Enclosed	is a check for t	he following amount:				
■ \$25. 0	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

71 Degrees Affiliate Marketing 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 $\frac{06/14/2023}{1}$ and assigned Florida document number 1.23000288178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: T/EO Marketing LLC 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 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

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
			Add
			Remove
			☐ Change
			
			Remove
			☐ Change
		 	Add
			☐ Remove
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			☐ Remove
			□ Change
			Add
			Remove
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			☐ Change

document's effective date on the Dep	artment of State's records		irements, this date witt hol	oc nated as
Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block.	se specific and cannot be prior	to date of filing or more tha	(optional) n 90 days after filing.) Pursual	nt to 605.0207
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