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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECREBARY OF STATE

COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Cor			
CHD IEC		Marketing LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rei	turn all correspo	ondence concerning this matter	to the following:	
		David L Steele		
			Name of Person	
		Straightup Marketing LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		4730 Long Key Ln		
		Address		
		Coconut Creek, FL 33073		
		City/State and Zip Code		
		david@premiermarketing.s	olutions to be used for future annual report not	(Cention)
For furthe	er information c	oncerning this matter, please c		mean(ii)
David St	eele		954 5050815 at ()	
	Name o	l Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	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 Addres		Street Address:	ution
	Registration S Division of C		Registration Sc Division of Co	
	P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Straightup Marketing LLC		
(Name of the Limited Liability Co	mpany as it now appears on our record ted Liability Company)	ls.)
() () () ()	ice maining company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 08/18/2023	and assigned
Plorida document number L23000389127		_
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
Premier Marketing Partners, LLC		
he new name must be distinguishable and contain the words "Limited I.	iability 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	- -	
The par office waters most be A STREET ADDRESS		
		2024 SI SECT TAL
nter new mailing address, if applicable:		SE ·
Mailing address MAY BE A POST OFFICE BOX)		
		₩
		-
3. If amending the registered agent and/or registered offi	ice address on our records, enter	the name of the new registe
gent and/or the new registered office address here:	<u> </u>	5
Name of New Registered Agent:		
The state of the s	··· ·	
New Registered Office Address:	······································	
	Enter Florida street addres	S
	, Fl	orida
	City	Zip Code

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.

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
			□Add
		 	□Remove
			□Change
			□Remove
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arecu Arecu	ve date, if other than the date of filing:
Sate:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them's effective date on the Department of State's records.
A. C.	and a Crective date to the Department of Control of Con
	I 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
record I is fil	
ated	09 04 2024
	Marticemon
	Signature of a nlember or authorized representative of a member