

L240000345573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

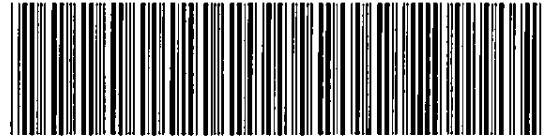
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Incorrect Form  
W25 000092232  
Receive July 18, 2025

Wrong Forms

Office Use Only



000445081090

02/20/25--01016--021 \*\*35.00

FILED  
2025 JUL 18 09:17:43  
CLERK OF DISTRICT COURT  
JULY 18 2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARTIFICIAL INTELL MARKETING, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Tuscani

Name of Person

Artificial Intell Marketing, LLC

Firm/Company

3305 Olde Wharf Run

Address

Winter Park, FL 32792

City/State and Zip Code

rtuscani@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Tuscani

Name of Person

at (407)

Area Code

558-3755

Daytime Telephone Number

PAID

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

OF  
Artificial Intell Marketing, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2015 JUL 13 03:03 PM  
FLORIDA STATE  
UNIVERSITY  
LIBRARY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Just NAME Change

FILED  
2025 JUL 18 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 is filed.

Dated

June 2nd 2025



Signature of a member or authorized representative of a member

Robert Tuscani

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2025

ROB TUSCANI  
3305 OLDE WHARF RUN  
WINTER PARK, FL 32792

SUBJECT: ARTIFICIAL INTELL MARKETING, LLC  
Ref. Number: L24000345573

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

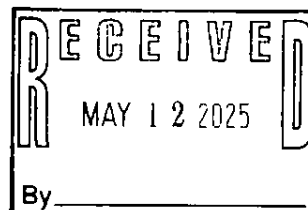
The form you submitted is for INC/CORP, but your entity is an FL LLC. Please complete and return the enclosed blank form(s). You may email the corrected documents or any questions you may have to: Vonterica.Williams@DOS.FL.GOV. PDF Format only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams  
REGULATORY SPECIALIST II

Letter Number: 925A00006638





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2025

ROBERT TUSCANNI  
3305 OLDE WHARF RUN  
WINTER PARK, FL 32792

SUBJECT: ARTIFICIAL INTELL MARKETING, LLC  
Ref. Number: L24000345573

We have received your document for ARTIFICIAL INTELL MARKETING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

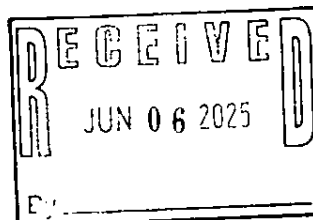
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 925A00010766





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2025

ROBERT TUSCANI  
3305 OLDE WHARF RUN  
WINTER PARK, FL 32792

SUBJECT: ARTIFICIAL INTELL MARKETING, LLC  
Ref. Number: L24000345573

We have received your document for ARTIFICIAL INTELL MARKETING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE AMENDING THE NAME ARTIFICIAL INTELL MARKETING, LLC TO ART INTELL, LLC. ARTIFICIAL INTELL MARKETING, LLC IS NOT GOING TO BE THE NAME YOUR BUSINESS. PLEASE CHANGE YOUR BUSINESS NAME FOR THE MAILING ADDRESS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 325A00014524

