## L24 000 365 747



| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            | <del></del> |
| (Ci                     | ty/State/Zip/Phone | #)          |
| ☐ PICK-UP               | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nam | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer.    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



700435220967

08/28/24--01009--010 #25.00

2024 AUG 28 PM 2:57 Secretary of State

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: DSS Ma  | exeting LLC   |
|  | Name of United Liability Company  |
| The enclosed Articles of Amendment at  | nd fee(s) are submitted for filing.   |
| Please return all correspondence concer  | rning this matter to the following:   |
|  |   |
|  | Andrew 6. Kolondra Name of Person   |
|  | Andrew 6. Kolondra, P.A. Firm/Company   |
|  | 2933 W. Cypress Crube Rd., Ste. 102   |
|  | Addition  |
|  | Fort Laududale, FL 33309  City/State and Zip Code  Andrew@Kolondra  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this  |   |
| ^  | ·   |
| Hudrew 6. Kol  | ondra at (954) 346 - 0048  Area Code Daytime Telephone Number   |
| Name of Person   | Area Code Daytime Telephone Number  |
| Enclosed is a check for the following an   | nount:  |
| E \$25.00 Filing Fee ☐ \$30.00 F<br>Certific   | Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (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  |

+ ' \ '

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.

| 1) 33 Marketing LL   | <u></u>  |
|--|--|
| (Name of the Limited Liability Company as it nov<br>(A Florida Limited Liability Co  | <u>v appears on our records.</u> )<br>mpany)           |
| The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L24000365747</u> .     | I on $\frac{8/20/2024}{}$ and assigned                 |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liability comp  | pany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Compan   | y," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | 2024<br>SEC  |
|  | EP AU  |
|  | 128<br>28  |
| Enter new mailing address, if applicable:  | %  |
| Mailing address MAY BE A POST OFFICE BOX)  | ES: 2  |
|  | 57   |
| B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: | n our records, enter the name of the new registe       |
| garage and the tree registered office Radio Con Reference  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| E  | nter Floridu street address                            |
|  | Florida  |
| City   | Zip Code   |

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

DCC

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 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  |
|---------------------|----------------|-----------------------------|-----------------|
| AMBR                | David Starzer  | 201 E. 66 th Street, Apt 5+ | □Add            |
|                     |                | New York, NY 10065          | <b>X</b> Remove |
|                     |                |                             | □ Change        |
| AMBR David Strauzer | David Strauzer | 201 E. 66 Street, Apt. 51   | <u>∕</u> ×\dd   |
|                     |                | New York, NY 10065          | □Remove         |
|                     |                |                             | □Change         |
|                     |                |                             | □ Add           |
|                     |                |                             | □Remove         |
|                     |                |                             | □Change         |
|                     |                | <del> </del>                | □Add            |
|                     |                |                             | □Remove         |
|                     |                |                             | □ Change        |
|                     |                |                             | □Add            |
|                     |                |                             | □Remove         |
|                     |                |                             | Change          |
|                     | <del></del>    |                             | 🗆 Add           |
|                     |                |                             | □Remove         |
|                     |                |                             | □ Change        |

| _          |   |
|------------|---|
| _          |   |
|            |   |
| _          |   |
| _          |   |
| _          |   |
|            |   |
| -          |   |
| _          |   |
|            |   |
|            |   |
| _          |   |
| _          |   |
|            |   |
| _          |   |
| _          |   |
|            |   |
| _          |   |
| _          |   |
|            |   |
| _          |   |
| Effecti:   | re date, if other than the date of filing: (optional)   |
| f an effe  | ctive 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  |
|            | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records. |
|            |   |
| e recorc   | 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  |
| rd is file |   |
|            |   |
| Dated _    | August 26 2024  |
|            | De al Mal   |
|            |   |

EU E MARAO

Typed or printed name of signee