# L24000371704

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PICK-UP WAIT MAIL
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#### **COVER LETTER**

· TO:

TO: Registration S Division of Co	rporations		
SUBJECT: 57	RIVE MARKE	TING LLC	
SUBJECT.	Name of Lim	nited Liability Company	·
The enclosed Amieles of	Amondment and Pos(s) are sub-	united for this a	
	Amendment and fee(s) are sub	_	
Please return all correspondence	ondence concerning this matter	to the following:	
	RICHARD	) VALDEZ	
		Name of Person	
	STRIVE /	MARKETING LLC	
		Firm/Company	
	12405 3	SW 10TH ST ALIAN Address	1-FL 33184
		Address	
	MIAMI,	FLOQIDA 33/84 City/State and Zip Code	
		City/State and Zip Code	<del></del>
		GET STRIVE MARKE	_
		to be used for future annual report not	(Heation)
For further information of	concerning this matter, please co	all:	
RICHARD	VALDEZ	at (305) 209 - Area Code Daytim	- 7044
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## STRIVE 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 Liab Florida document number <u>L 24000 37/70</u>	04		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our	records, enter the	FILE PROPERTY SEE FLORIDANCE name of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter F	lorida street address	
_	<del></del>	, Floric	
	City		Zip Code
New Registered Agent's Signature, if changing Reg			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance o red agent as provided for in istered office address, I her	of my duties, and I Chapter 605, F.S	am familiar with and Or, if this document is

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
MGR	RICHARD VALOEZ	12405 SW 10TH ST, MIAMI,	FL 33/81 Add
			□Remove
			□Change
			□Add
			□Remove
		<del>-</del>	□Change
	<del></del>		□ Add
		<del></del>	□Remove
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### Page 2 of 3

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