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(Requestor	s Name)
(Address)	
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(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	fficer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		in.	
Prodigy M	arketing LLC	*	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Phil Rinehart		
		eting LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: Phil Rinehart Name of Person Firm/Company 285 N. Main Street #905 Address Kaysville, UT 84037 City/State and Zip Code phil@philrinehart.com E-mail address: (to be used for future unnual report notification) terring this matter, please call: at (
		Firm/Company	
	285 N. Main Street #905		
		Address	
	Kaysville, UT 84037		
	phil@philrinehart.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Phil Rinehart			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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nned Diabinty Company)	TALLAHAS	Y OF STATE SEE.FLORIDA
pany were filed on 🖺	Overmer 20, 2024	and assigned
l liability company h	<u>ere</u> :	
Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
(S)		
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nce address on our	ecords, enter the na	the of the new registe
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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 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
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			□Remove
			□ Change
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