

M13000005120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

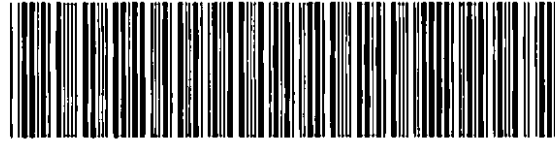
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FOREIGN LLC

Amend

FASTLINE MEDIA GROUP, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of _____

State: FASTLINE MEDIA GROUP, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000005120

3. Jurisdiction of its organization: KY

4. Date authorized to do business in Florida: 8/14/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Fastline Marketing Group, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Chris Paul
Signature of the authorized representative

Christy Paulin
Typed or printed name of signee

Filing Fee: \$25.00



Michael G. Adams
Secretary of State

Certificate

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF AMENDMENT OF

FASTLINE MEDIA GROUP, LLC CHANGING NAME TO FASTLINE MARKETING GROUP, LLC FILED JANUARY 26, 2021.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of February, 2021.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
jclark/0575342 - Certificate ID: 241993



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0575342.06

vmiller
AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
1/26/2021 12:46 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. The name of the limited liability company on record with the Office of the Secretary of State is:

FASTLINE MEDIA GROUP, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted:

The true name of the entity is changed to: Fastline Marketing Group, LLC

3. The date of adoption of each amendment was 1/20/2021

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers ☒ or members ☐ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing.

6. The individual signing these articles of amendment is a (check only one): Member ☐ or Manager ☒.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| | | | |
|---|-----------------------|-------------------|----------------|
| <u>Chet Fae</u> | <u>Chris Paulin</u> | <u>Controller</u> | <u>1/20/21</u> |
| Signature of Member, Manager or Authorized Party | Printed Name | Title | Date |
| _____ Signature of Member, Manager or Authorized Party | _____ Printed Name | _____ Title | _____ Date |