PRO 0000 18886

(Reque	stor's Name)	
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R. WHITE FEB 0 5 2021

COVER LETTER

TO: Registration Section Division of Corporations	
M D MARKETING GROUP LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
MIKA S WILLIAMS	
(Contact Person)	
M D MARKETING GROUP LLC	
(Firm/Company)	
1645 RENAISSANCE COMMONS BLVD #1610	
(Address)	
BOYNTON BEACH, FL 33426	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
MIKA S WILLIAMS	216 315-7920 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	•
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
/ P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2020

MIKA S WILLIAMS 1645 RENAISSANCE COMMONS BLVD #1610 BOYNTON BEACH, FL 33426

SUBJECT: M D MARKETING GROUP INC

Ref. Number: P20000018886

We have received your document for M D MARKETING GROUP INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Letter Number: 020A00025105

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MD MARKS TILL GROUP LLC DOCUMENT NUMBER: PLDOOD 18886
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person M. D. M. K. E. J. M. L. R. L. R. L. L. Firm/ Company 16. 45 N. M. S. M. J. S. M. J. L. C. O. M. M. M. S. M. J. L. Address Boly May Beach J. L. 3341.6 City/ State and Zip Code RESPONDED LINES J. M. M. M. S. L. M. J. C. M. M. C. M. M. S. L. M. J. M. M. S. L. M. J. M. M. S. L. M. J. C. M. M. S. L. M. J. M. M. S. L. M. M. J. M.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (2/6) 3/5-1920 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \\$60 Certificate of Statu

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

11 D MAKKETING GROW	11/1/
	22 C
(Name of Corporation as currently filed with the Florida Dept. of State)	
120000018886	
(Document Number of Corporation (if known)	
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	lowing amendment(s
If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the contained association," or the abbreviation "P.A."	eviation "Corp.," contain the word
Principal office address MUST BE A STREET ADDRESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	.
(Cuy)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the pos	ition.
Signature of New Registered Agent, if changing	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	·.
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)		<u>ddres</u> s
1) Change	Mika Will; Anis	12 45 REDAISSANCE
Add	<u>_ </u>	11NH 1210 BOYNTON BURCH, FL 3344
<u> </u>	2	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) Change		
Add	-	
Remove Change		
Add		
Remove	_	
4) Change		
Add	_	
Remove	_	
5) Change		
Add	_	<u> </u>
Remove	_	
6) Change		
Add	_	<u> </u>
Remove		

Tamending or adding additional Artic Attach additional sheets, if necessary).	ies, enter change(s) nere: (Re voccific)			
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lf an amendment provides for an exch	ange, reclassification, or	cancellation of issued sh	ares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself:		
(ly not applicable, indicate (1/1/1)				
NA			 ;	
	<u> </u>			
	<u> </u>	_		

		111 -	48- 10	, if other than the
The date of each amendment(s) addate this document was signed.	option:	<u> </u>		, if other than the
Effective date <u>if applicable</u> :	10	- 29-	- 20	·
<u></u>	(no more than	90 days after ame	ndment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the appliartment of State's records.	licable statutory ti	iling requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or	r board of director	's without shareholder actio	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf		he number of vote	es east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	each voting group entitled to	o vote separately (on the amendment(s):	e n!
"The number of votes cast t	or the amendment(s) was/w	vere sufficient for	approval	
by			···	
	(voting group)			
Dated	- 46-2	2/		
Signature	17/1/1/1/1/1/			
(By a di	ector, president or other of	ficer – if directors	or officers have not been	<u></u>
	, by an incorporator – if in t		eiver, trustee, or other cour	rt
appointe	ed fiduciary by that fiduciar	ry)	1	
	111:11	1 12	1:11:10115	
	(Typed or printe	d name of person	signing)	
	PRESI	SENT!	MARTHER	
	(Title of person:	signing)		