L24000134764

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COVER LETTER

	Registration Sec Division of Corp			• •
SUBJEC		TRATEGY MEDIA MARKET	ΓING, LLC , "	, ė
SUBJEC	·1:	Name of Lim	ited Liability Company	;
The enclo	osed Articles of a	Amendment and fee(s) are sub	emitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		Elizabeth Sahadeo		
			Name of Person	
		Social Strategy Media Mar	rketing, LLC	
			Firm/Company	
		8865 Commodity Circle, S	SE 14-103 PMB 1171	
		<u> </u>	Address	
		Orlando, FL 32819		
		City/State and Zip Code		
		socialstrategymediamarketi		
		E-mail address: (to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please co	all:	•
Elizabetl	ı Sahadeo		407 588-6612 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
☐ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOCIAL STRATEGY MEDIA 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 Liability C Florida document number <u>L24000134764</u>	ompany were filed on March 19, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>PESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street addre:	yy (s
	, FI	oridaZip 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 a 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u> Title</u>	Name	Address	Type of Action
MGR	Elizabeth Sahadeo	8865 Commodity Cir	■Add
		STE 14-103 PMB 1171	□ Remove
		Orlando FL 32819	C) Change
			□Add
			□Remove
			□Change
			Add
			□Remove
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Effect	ive date, if other than the date of filing: (optional) ective 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 60	N.C. (170)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records.	05.020 sted a:
		 Г
e reco rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	ter the
	4/12/2024	
Dated	·	
	P_{I} , I_{-} / I_{-}	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee