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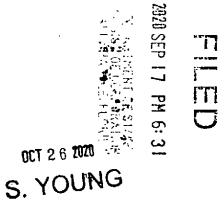
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COVER LETTER

Tallahassee, FL 32314

SUBJECT: Steeline Marketing LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Dellaporta Name of Person Steeline Marketing LLC Firm/Contpany 140 241 God bold Rd Address Talla hassee R 323007 City/State and Zip Code Fellamorta R amail Com E-mail address: to be used for fluture annual report notification) For further information concerning this matter, please call: Mary (Fran) Dellaporta at (\$50) 556-3623 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} & S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Certificate of Status & Certified Copy (cadditional copy is enclosed)	TO: Registration Section Division of Corporations	
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		Certified Copy Certificate of Status &
Mailing Address: Street Address:		
Registration Section Registration Section		
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stateline	Marketing, LLC
(Name of the Limited	d Liability Company as if now appears on our records.) A Florida Limited Liability Company)
14	
The Articles of Organization for this Limited Lia	bility Company were filed on 12/20/2010 and assigned
Florida document number <u>Lo 70000 32331</u>	8 - 17
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	
B. If amending the registered agent and/or registered office address	gistered office address on our records, <u>enter the name of the new registere</u> there:
agent und of the new regimered write address	·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Re	egistered 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
AMBR Mary Dellaporta	Mary Dellaporta	14024 Godbold Road	
	Tallahussee, Fz 32309	□Remove	
		SChange	
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
			🗀 Change
		□Add	
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			□Change
			□Remove
			□Change

	
F ffec	tive date, if other than the date of filing: 12/15/2020 (optional)
(If an el <u>Note:</u>	ffective 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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
cord is f	
Dated	12/15/2020
	Signature of a member of authorized representative of a member Nary F. Dellaporta
	Mary F. Dellaporta Typed or brinted name of signee