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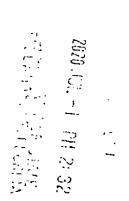
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			r
	se Sales & Marketing LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Ksenija (Senia) Gramajo		
		Name of Person	
	Agent Link		
		Firm/Company	
	1130 Cleveland St Ste D		
		Address	
	Clearwater, FL 33756		
		City/State and Zip Code	
	senia@agentlinkmarketing.		
		to be used for future annual report not	dication)
For further information	concerning this matter, please e	alt:	
Ksenija (Senia) Grama	jo	727 423-5091 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
_	Corporations	Division of Co.	
P.O. Box 63		The Centre of	
Tallahassee.	. FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Lighthouse Sales & 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 Compan	iy were filed on $\frac{12/09/20}{1}$	09 and assigned
Florida document number 1.09000117305		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
Producer Sensei, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1979
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office	e address on our records	s, enter the name of the new registe
igent and/or the new registered office address here:		
Name of Name Dagistaryal Agants		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida stre	vet address
<u> </u>	Enter Florida stre City	vet address Florida Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			☐Remove
			☐Change
			☐Add ☐Remove
			□Change
			□Add
			□Remove
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			□Change

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fective date, if other to neffective date is listed, the	han the date of fi e date must be specific	iling: and cannot be prior	to date of filing or	more than 90 days afte	i onal) r filing.) Purst	iant to 605.02
ote: If the date inserted cument's effective date				ing requirements, th	is date will n	ot be listed :
	·					
ecord specifies a delayed is filed.	I effective date, but	not an effective t	ime, at 12;01 a.n	i, on the earlier of: (h) The 90th	day after th
June 25		2020				
			<u> </u>	40.		

Typed or printed name of signee