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## **COVER LETTER**

TO: Registration So Division of Co			
	E MARKETING LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SEAN W. SMITH, <del>LLC</del>	,5	
	***	Name of Person	
	SWS BASE MARKETIN	G LLC	
		Firm/Company	<del>-</del>
	8213 PONKAN ROAD		
		Address	
	LAND O LAKES, FL 34	637	
	SS <del>SEAN@SEANWS</del> MITHR	City/State and Zip Code  EAL/TOR.COM SeanSt	n06@gmail.com
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
SEAN W. SMITH		813 482-3032 at ( )	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000151673	were filed on 08/15/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SEAN SMITH, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12654 IMPATIENS STREET	
(Principal office address MUST BE A STREET ADDRESS)	SPRING HILL, FL. 34609	
		797
Enter new mailing address, if applicable:	12654 IMPATIENS STREET	292) NOV 1.
(Mailing address MAY BE A POST OFFICE BOX)	SPRING HILL, FL 34609	
		10: 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	
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

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
			□ Add
			□Remove
			□ Change
			□Add
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(If an <u>Not</u> e	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be price: If the date inserted in this block does not meet the applument's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) icable statutory filing requirements, this date will not be listed as the ls.
f the rec	ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Date	$\frac{11/07/2020}{}$ 2020	<u></u> .
	3016	

Typed or printed name of signee