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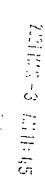
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COVER LETTER

FO: Registration Se Division of Cor			·
Sugar Mag	nolia Media LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lisette Dipasquale		
		Name of Person	
		Firm/Company	
	726 98th Avenue North		
		Address	
	Naples, Florida 34108		
	lisettesphotos@gmail.com	City/State and Zip Code	
For further information e	E-mail address: (to be used for future annual report to	otification)
Lisette Dipasquale	•	239 298-9485 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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

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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

Sugar Magnolia Media LLC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/26/2021}{1}$	and assigned
Florida document number L16000188792	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Sunshine Daydream Media LLC	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	101
B. If amending the registered agent and/or registered office address on our records,	enter the name of the new registered
agent and/or the new registered office address here:	
	ري
Name of New Registered Agent:	
New Registered Office Address: Enter Florida stree	address 5
tinter r torida stree	adaress
	, Florida
City	Zin Cada

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			
			□Remove
			□ Change
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<u>te:</u> If the date inserted in this	he date of filing:	able statutory filing require	0 days after filing.) Pursuant to ments, this date will not be	605.02 listed
cord specifies a delayed effec s filed.	tive date, but not an effective tii	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after th
2/26 ed	2021	<u> </u>		
ca	, //			
	Signature of a my most of author	Stephen Comment		_

Filing Fee: \$25.00