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Y. SCOTT FEB 15 2022

COVER LETTER

Registration Section Division of Corporations

TO:

	e Marketing LLC.				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Nicholas Massian				
		Name of Person			
	Social Circle Marketing L	I.C.			
		Firm/Company		_	
	10614 Cypress Bend Drive	e			
		Address		- ഗ	N
	Boca Raton, Florida 33498	₹		TALL BSO3	022 FI
		City/State and Zip Code		<u>^</u>	
	nm@massian-agency.com			· ·	-
	E-mail address: (to be used for future annual report notif	fication)	445S 40,	
For further information co	oncerning this matter, please c	all:		STA	
Nicholas Massian		631 434-5443	·	141 -	7
Name of	Person	Area Code Daytime	: Telephone Numbe	r	
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	Certifica Certifica).00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations allahassee	210	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Social Circle 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 Company were filed on $\frac{11/09/2017}{1}$ and assigned Florida document number L17000242740 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Massian Agency LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the able viated N/A 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) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A , Florida N/A

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>	<u>Address</u>	Type of Action
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			□Remove
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Filing Fee: \$25.00