L19000271756

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T. MATTHEWS

DEC 17 2021

COVER LETTER

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	egistration Se ivision of Cor			
SUBJECT	Shout to the	: City LLC		
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fce(s) are sul	bmitted for filing.	
Please retu	m all correspo	ondence concerning this matter	r to the following:	
		Megan Fuentes		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkcrest Dr Suite 20	17	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
For further	information c	e-mail address: (oncerning this matter, please c	to be used for future annual report no all:	itification)
Megan Fue	ntes		844 493-6249 at ()	
	Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25,00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R€ Di P.0	ailing Address gistration S vision of Co O. Box 632 dlahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21050 - 6 7% 3:07

Shout to the City LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000271756	were filed on 10/30/2019 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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	300 Blue Moon Crossing	
(Principal office address MUST BE A STREET ADDRESS)	Apt 4101	
	Pooler, GA 31322	
Enter new mailing address, if applicable:	300 Blue Moon Crossing	
(Mailing address MAY BE A POST OFFICE BOX)	Apt 4101	
	Pooler, GA 31322	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Florida	

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.

City

Zip Code

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

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	DEC -6	77	3: U
21	Dre .		

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Cleveland	300 Blue Moon Crossing	□ Add
		Apt 4101	□Remove
		Pooler, GA 31322	≡ Change
			□ Add
			□Remove
			Change
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			🗆 Remove
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	Signan	ure of a member or authorized representative of a member
Christopher Cleveland		
		Typed or printed name of signee

Filing Fee: \$25.00