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(ON) Carton Elph Holle III)
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SECRETARY OF STATE

2021 SEP 15 PM 10: 08

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Siesta Key Digital Marketing SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **ELEANOR OTTAINO** Name of Person Siesta Key Digital Marketing Firm/Company 8735 Old Hickory Ave, Suite 8108 Address Sarasota, FL 34238 City/State and Zip Code vking@siestamarketing E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vincent King Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 15 PM 10: 08

Siesta Key Digital Marketing	SECRETARY OF STAFF
Siesta Key Digital Marketing (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records FILL AMASSEE. FILLS
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/21}{1}$	
Florida document number L20000141199	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	
he new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "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)	
3. If amending the registered agent and/or registered office address on our recongent and/or the new registered office address here:	ords, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florido	i street address

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.

Cire

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
MGR	OTTAINO, ELEANOR	2731 NORTH EAST 14TH ST831POMPANO, FL.3	
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Effective date, if other than t	he date of filing:		(optional)	
fan effective date is listed, the date n Note: If the date inserted in this document's effective date on the	oust be specific and cannot be pri block does not meet the appl	licable statutory filing requi	90 days after filing.) Pursuant to 6	
	tive date, but not an effective	time, at 12:01 a.m. on the e	earlier of: (b) The 90th day a	fter the
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e record specifies a delayed effect rd is filed. Oated 08/01/2021	VK			
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