## h20000366271

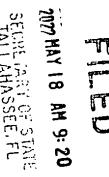
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Eatib. Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:

Office Use Only



800387606198

05/18/22--01012--009 \*\*25.00



## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT: UNS	Paken Emerald	LLC.	
SUBJECT:	Paken Emerald Name of Lim	ited Liability Company	
			•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Sarah Ri	Name of Person	
		Name of Person	<del></del>
	Unspoken Emer	-ald, LLC	
		Firm/Company	
	13750 W Colonia	al Dr. STE 350 #25	2
		Address	
	Winter Garden	n FL 34787	
		City/State and Zip Code	<del></del>
	hello @ shops	spliced.com to be used for future annual report no	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Sarah Ric	ordan		0639
	f Person	at ( <u>813</u> ) <u>563</u> Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is Enclosed)	(additional copy is enclosed)
10			
Mailing Addres Registration 5		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Unspoken Emerald, LLC

2022 MAY 18 AM 9: 20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on Nov 19, ZOZO \_\_ and assigned Florida document number L2000366271 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spliced, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13750 W Colonial Dr STE 350 #252 Enter new mailing address, if applicable: Winter Garden, FL 34787 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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
	- no change		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Change
			□Remove
			□Change

	<u> </u>	اه د	hang	ges,	, 60	ly	avve	سانه	<u>}</u> ∩	ame	04	LĻ	<u>_</u> C	_
		# m	hano ailing	<u>}_</u>	nddr	ess								_
							<u> </u>					<del></del>		-
						· ·-			<u> </u>	<u> </u>			<u></u>	
														-
		<u> </u>				· · ·								_
		_										SE (	7077	
<del></del>											ALL A		A Y	— — []
	<u>.                                      </u>						<u> </u>				<del>j</del>	n C	8	- [~ M
		<u> </u>									ָ קר ר	Her Her	A 9.	_ (
	<del></del>			<u></u> .							(		20	_
									,					_
	-									_				-
												<u> </u>	·	_
										<u> </u>				_
fective d	ate, if oth	er than t	he date o	f filing	:					_ (opti	onal)			
ote: If the	date is listed date insert	ted in this	block doe	s not m	ect the a	pplicabl								
cument's	effective d	ate on the	Departme	nt of St	ate's rec	ords.								
ecord spe is filed.	cifies a dela	iyed effec	tive date, t	out not a	an effect	ive time	e, at 12:01	l a.m. on	the earl	ier of: (b	) The	90th	day aft	ter th
ted		May	14	··	20	22								