

h21 000068821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

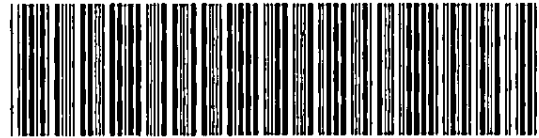
(Business Entity Name)

(Document Number)

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05/24/21--01017--007 **25.00

2021 MAY 26 PM 2:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sonrisa Creative LLC
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:

Melissa Hopkinson

Name of Person

The Socialita

Firm/Company

710 Pendella Rd Ste 7

Address

PMB 3037 North Fort Myers, ^{FL} 33903

City/State and Zip Code

hello@thesocialita.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Hopkinson

Name of Person

at (239)

Area Code

895-5648

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

Sonrisa Creative 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 02/09/2021 and assigned Florida document number L21000068821.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Socialita 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)

710 PONDILLA RD. Ste 7

PMB 3037

North Fort Myers, FL 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

710 PONDILLA RD. Ste 7

PMB 3037

North Fort Myers, FL 33903

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:

710 PONDILLA RD. Ste 7 PMB 3037

Enter Florida street address

North Fort Myers

City

Florida

33903

Zip Code

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Melissa Hopkinson</u>	<u>513 Marby Rd.</u>	<input type="checkbox"/> Add
		<u>Lenigh Ailes, FL 33936</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Melissa Hopkinson</u>	<u>710 Pondella Rd. Ste 7</u>	<input checked="" type="checkbox"/> Add
		<u>PMB 3057 North Fort Myers,</u>	
		<u>FL 33903</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 21 2021

Missa Hopkins

Typed or printed name of signee