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## **COVER LETTER**

TO: Registration Section
Division of Corporations

THE CONT	TENT MACHINE MARKETII	NG AGENCY LLC	**	
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NEQUOSHA ANDERSO	N		
		Name of Person	<del></del>	
	ANDERSON LAW FIRM	PLLC		
		Firm/Company		
	PO BOX 2355			
		Address	<del></del>	
	APOPKA FL 32704			
		City/State and Zip Code		
	OFFICE@ANDERSONLA			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
NEQUOSHA ANDERSON		407 801-8000 at ( )		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	•	
Tallahassee, FL 32314			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CONTENT MACHINE MARKETING AGENCY 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 09/02/2021 and assigned Florida document number 1.21000392669 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HUCKLEBERRY CREATIVE 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) 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: 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

. MGR'= Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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≀. If•am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	NEQUOSHA ANDERSON, ESQ.
	Typed or printed name of signee