

L 21000435917

(Requestor's Name)

(Address)

(Address)

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2024 JAN 11 PM 10:20

01/11/24

COVER LETTER

**TO: Registration Section
Division of Corporations
Ironman Agency LLC**

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:

Katrin Eisenmann

Name of Person

Ironman Agency LLC

Firm/Company

6716 S Trask St. 33616

Address

Tampa, FL, 33616

City/State and Zip Code

socialmuseagency@gmail.com

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

For further information concerning this matter, please call:

Katrin Eisenmann

33616 8135398746

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

2025 JAN 11 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ironman 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 09/05/2021 and assigned
Florida document number L21000435917.

This amendment is submitted to amend the following:

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

Social Muse Agency 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)

6716 S Trask St, 33616, Tampa, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6716 S Trask St, 33616, Tampa, FL

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:

Katrin Eisenmann

New Registered Office Address:

6716 S Trask St

Enter Florida street address

Tampa

Florida

33616

City

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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2024 JAN 1
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 TALLAHASSEE, FL
 PH: 904-201-2000

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TALLAHASSEE, FL.

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SECRETARY OF STATE
TALANTA

(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.

01/04/2024

Dated _____, _____.

Eisenmann

Signature of a member or authorized representative of a member

Karin Eisenmann

Typed or printed name of signee