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ALLAHASSEE, FLORIDA

2022 JUN 17 PH 5: 25

SEP - 7 2022 S. PRATHER

COVER LETTER

	gistration Sect vision of Corpo					
SUBJECT:	The Social Sp					
SUBJECT:		Name of Limited Liability Company				
The enclosed	d Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	ence concerning this matter	to the following:			
		Jacqueline				
			Name of Person	P-140-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
		ZenBusiness INC				
		Firm/Company				
		5511 Parkcrest Drive STE	103			
			Address	,,, <u> </u>		
		Austin, Texas, 78731				
		·	City/State and Zip Code			
		fulfillment@zenbusiness.co				
			o be used for future annual repo	nt notification)		
For further in	nformation con	cerning this matter, please ca	dł:			
Jacqueline (Quiroga c/o Zen	Business INC	844 493-62	249		
	Name of P	erson	at () Area Code 1	Daytime Telephone Number		
Enclosed is a	a check for the	following amount:				
≡ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Social Spunk LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 1.21000484234	Idability Company as it now appears on our records.) Florida Limited Liability Company) Ility Company were filed on 11/09/2021 and assigned 3
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	2X)
B. If amending the registered agent and/or registered office address by	stered office address on our records, <u>enter the name of the new registered</u> nere:
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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

• • • • • 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>	Name	Address	Type of Action
AMBR	Halie Beck	5207 Joshua Lane	□Add
		Callaway, FL 32404-6387	□Remove
			≣Change
			□Add
			□Remove
			Change
			DAdd
			
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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June 13th 2022 /s/ Halie Beck Signature of a member or authorized representative of a member Halie Beck		ive date, but not a	an effective time.	at 12:01 a.m. on the earlie	er of: (b) T he 9 0	ih day after	the
Signature of a member or authorized representative of a member Halie Beck	ated June 13th		2022			IMI	202
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Halie Beck	_	Signature of a m	ember or authorize	I representative of a member	•	<u> </u>	
73	Halie Beck					ini s	ユ