L22000331957

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SECRETARY OF STATE OF CORPORATIONS

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COVER LETTER

TO:	Registration S Division of C		•	
SUBJEC	The Socia	al Link Modern Marketing LLC	. •	•
301313	C1	Name of Lim	ited Liability Company	
The enci	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Katie Bosworth		
			Name of Person	
	I	KTB Bookkeeping Service	es LLC	
			Firm/Company	
		811 Oakwood Ave		
		Address		
		Key Largo, FL 33037		
			City/State and Zip Code	
		katie@ktb-bookkeeping.com	m to be used for future annual report not	(Discortion)
Car Carl	an information		·	meanon)
		concerning this matter, please c	att.	
Katie B	osworth		305 522-5314 at ()	
	Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check for	the following amount:		
= \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr		Street Address:	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

The Social Link Modern Marketing LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L22000331957	ere filed on <u>07/27/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
Social Link Modern Marketing LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "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 here:	iress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as pro	rformance of my duties, and I am fa	miliar with and

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>	Type of Action
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		<u></u>	□Remove
			□Remove
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			□Remove
			□Change

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(If an effective date is listed, th Note: If the date inserted	than the date of filing:e date must be specific and cannot be prior to in this block does not meet the application the Department of State's records.	to date of filing or more than 90 days aft able statutory filing requirements, th	er filing.) Pursuant to 605.0207 (3
ne record specifies a delaye ord is filed.	d effective date, but not an effective tir	me, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated August 2	. 2022	= '	
Brill	Signature of a member or sumo	orized representative of a member	
Brittany DeSai	V		
		ed name of signee	

Filing Fee: \$25.00