Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SG PROJECT MANAGEMENT LLC

Account Number : I20220000151 Phone : (754)226-4414

Fax Number : (213)867-8984

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCC DIGITAL MARKETING CONSULTING LLC

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Estimated Charge :	\$25.00

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALLAHASSET FILES

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SCC DIGITAL MARKETING CONSULTING 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 Com L22000377319 Florida document number	opany were filed on	and assigned
This amendment is submitted to amend the following:	L22000377319 ed to amend the following: ser the new name of the limited liability company here: shable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." es address, if applicable: [UST BE A STREET ADDRESS] s, if applicable: A POST OFFICE BOX) ered agent and/or registered office address on our records, enter the name of the new registered.	
A. If amending name, enter the new name of the limited	rending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." we principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered d/or the new registered Agent: Name of New Registered Agent:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str e	et address
	City	, Florida 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.

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MGR = Manager

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		H 25 0000 26942 3			
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR ———	PEREZ HERNANDEZ, JESUS HERVEY	2610 AN JACINTO RD TEMPLE, TX 76502	□ Add		
			≣Remove		
			□Change		
MGR	SERGIO CERCHIARI	1387 Long Branch Dr, Cantonment FL 32533	= Add		
			□Remove		
		-,,,,,,,,,,	□Change		
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	405000269423		Change		

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he recor ord is fi	rd specifies a delayed effo led	ective date, but no	ot an effective tie	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th o	lay after the
Dated	12/02		2024	_·			
		Signature of a	member or author	ued representativ	e of a member		
		SA	MARA CERCHI	ARI CASSUCI			
		· 	Typed or printed	name of signce			- -

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