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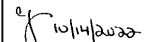
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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: The Social Markator LLC
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:
Windi R. Nicholson Name of Person
Social Nawator LLC Firm/Company
1174 Mangator Rd.
Punta Goda, FL 33983 City/State and Zip Code
1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 224. 1914. Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TI C.	702217, 23 77 2:58
- INC SOCIAL	Na Wator, LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
	mpany were filed on 9 19 2027, and assigned
The Articles of Organization for this Limited Liability Con	
Torida document number <u>L. 220 004 0846 Y</u>	-
This amendment is submitted to amend the following:	
. re	ad tiability announce home
A. If amending name, enter the new name of the limite	ed hability company nere:
	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words. Clintic	ed Elanthiy Company, the designation (Electric of the authovation) (Electric of the authovation)
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new register
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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>	Address	Type of Action
Me-R	Wendi Nichelson	1174 Navigator Rd	[XAdd
		1174 Navigator Rd Punta Gorda, FL 33983	□Remove
			□Change
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n effe <u>te:</u> -	re date, if other than the date of filing: 9 9 2027 (optional) ctive 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 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ed_	9/19/2022
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00