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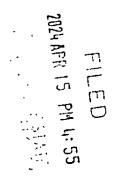
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Hame)
(Document Number)
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J. HORNE
APR 2 6 2024
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TO: Registration Sec Division of Corp		14	
SUBJECT: SV	PRSV CUIS	Sive LLC ted Liability Company	
	Amendment and fee(s) are sub-	-	
Please return all correspon	ndence concerning this matter	to the following:	
	Ashley	B. Zartma	<u>.</u>
	Sheesh	CUISING LI	
	14500 N	Address Apt 1	402
	Tampa,	Florida 336 City/State and Zip Code	13
	OSMEYZOF E-mail.iddress: (t	t May 17 @ W o be used for future annual report noti	lail-Com
For further information co	ncerning this matter, please ca	11:	
PSINLY R	. Zavtman Person	at (<u>\$13)</u> <u>686 -</u> Area Code Daytim	- 3(23 te Telephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filing Fee	30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

ARTICLES OF ORGANIZATION OF

	OF	FILES
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	2024 AFR 15 PM 4:55
The Articles of Organization for this Limited Liab Florida document number 2 3000 158-		3/29/23 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the 2014 The new name must be distinguishable and contain the word	11 2n	
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET.	<u>4DDRESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered office address h		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	street address
_		Florida
	Ciţ	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 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
			□Add
			Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
		,	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	The purpose of this LLC will serve as a
\overline{q}	igital marketing agency that will provide
0/	Mine services to businesses, assisting them
in'	JHM advertising and marketing.
¥	THE TRANSPORT OF THE PARTY OF T
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(If an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	14/03 2023
	Signature of a member or authorized representative of a member
	ASNIEY B. Zavtway Typed or printed name of signee