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CQVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Sunsine Social Media Agency LLC SUBJECT: 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: Arianna Fabiani Name of Person Sunsine Social Media Agency LLC Firm/Company 9475 boca river circle Address Boca Raton, Florida 33432 City/State and Zip Code sunshinesocial61@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Arianna Fabiani Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$**55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunsine Social Media Agency LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were f	iled on August 12th 2024 and assigned
lorida document number L24000353909	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	mpany here:
Sunshine Social Media Agency LLC	
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• •	2021
Principal office address MUST BE A STREET ADDRESS)	75-C - C
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inter new mailing address, if applicable:	<u>νσ το Ι.</u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	20 ATT
	- 11: -
. If amending the registered agent and/or registered office addres gent and/or the new registered office address here:	s on our records, enter the name of the new reg
gent and/or the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
('i	

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>	<u>Address</u>	Type of Action
			□Add
			☐ Remove
			□Change
		····	□Add
			□Remove
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	ending any other information, enter change(s) here: Attach additional cheets, if necessary i
	
Effec	ive date, if other than the date of filing:
li'an el	fective 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 0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	ent's effective date on the Department of State's records.
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (h) The 90th day after the lied.
	August 22th 2024
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member