L24000378175

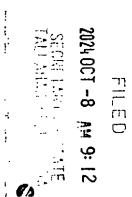
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COVER LETTER

* Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: 5	Name of Lim	arketing Solution ited Liability Company	ns .
	Amendment and fee(s) are sub	-	
Please return all correspo	indence concerning this matter	to the following:	
	Ala.	yna Penney Name of Person	
		ren Marketing	Solutions LLC
	1151 Dri-	Hwood Point R. Address	7
	Santa R	Rosa Beach, FL City/State and Zip Code	32549
For further information c	E-mail address: (to be used for future annual report not	ification)
DAVID PE	-	at (850) 589	E-23 2 Z
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
X \$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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Lim	ited Liability Company)	,	
	oany were filed on	8.28.2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited I	Liability Company." the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
The Articles of Organization for this Limited Liability Company were filed on 8.28.2024 and assigned Florida document number 124000378175. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."			
(Mailing address MAY BE A POST OFFICE BOX)			- -
	fice address on our	records, enter the name	ofthe new registered
Name of New Registered Agent:		₹	~
New Registered Office Address:	Enter Flo	orida 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
WER	David Pennay	1151 Driffwood Point Rd	🗆 Add
		Santa Rosa Beach, FL 324	59 ⊠Remove
			Change
MGR_	Alayna Penney	1151 Driftwood Point Rd	ÞÁAdd
		Santa Rosa Beach, FL 32450	<u> </u> □Remove
			□Change
AMBR	David Penney	1151 Driftwood Point	iXAdd
		Santa Rosa Reads, FL 2249	<u>⊃°</u> □Remove
			Change
			□Add
			[]Remove
			□Change
			□Add
			Remove
		- 	□Change
			□Add
			□Remove
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Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	_
DAVID A. PENHEY	

Filing Fee: \$25.00