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Amend

MAY 0.7 2020 I ALBRITTON

COVER LETTER

TO: Registration Division of	n Section Corporations		
	•	,	
		ited Liability Company	
·			
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	GINA I. DICKINSON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	LURE MEDIA GROUP,	LLC	
		Firm/Company	
	301 N. BARCELONA S	STREET SUITE F	
	2250		
	PENSACOLA, FL 3250)1	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	itication)
For further information	on concerning this matter, please ca	all:	
Gina I. Dickir	rson	334 315-9509	
Nai	me of Person		ne Telephone Number
Enclosed is a check f	for the following amount:		
⊠ \$25.00 Filing Fe	e □ \$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 AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LURE MEDIA GROUP, LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa L17000204325	my were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	ability company here:	d on 10/03/2017 and assigned an
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or the abb	previation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		2020 KP
(Mailing address MAY BE A POST OFFICE BOX)		2
		3 0
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the name</u>	rof the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City:	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SUSAN DAVIS	301 N. BARCELONA STREET	
			🗀 Add
		PENSACOLA, FL 32501	
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Tective date, if other than to an effective date is listed, the date rote: If the date inserted in this occument's effective date on the	block does not meet Department of State	the applicable stat 's records.	utory filing requirem	ents, this date will not be	e listed a
record specifies a delayed effec	uve date, but hot an e	mecuve ume, at 1.	4.91 a.m. on the eart	ici (i) - The 90th day	ance the
is filed.		020			
is filed. April 11		020			
is filed.		·			
is filed. April 11	- Doc	cuSigned by:	presentative of a membe		

Filing Fee: \$25.00