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SECRETARY OF STATE TALLAMASSEE, FI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 9-13-2022 and assigned Florida document number <u>L 22600 400 13</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Section Division of Corporations
SUBJE	CT: Egra's Girls Media Group, LLC Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Earica A. Cole Name of Person
	Eara's Girls Media Group, LLC. Firm/Company
	Post Office Box 2488 Address Valrico, Florida 33595 City/State and Zip Code Lead like aboss @ a Mail. (UM) E-mail address: (to be used for future annual report potification) her information concerning this matter, please call:
For furt	her information concerning this matter, please call:
	Name of Person Levine at (904 716-899) Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
□ √s 25	i.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup Certificate of Status \$\Bigcup Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, \Bigcup Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9-13-2022 and assigned Florida document number 22000400132

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

\[\begin{align*} \begin{a

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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 Title Name **Address** Type of Action Earica A. Cole 10155 Meadow Pointe Dr DAdd Jacksonville, FL 3202 | Remove (hange AMBR Kathy L. Levine 10155 Mardon Pointe De DAD Jacksonville, FC 32221 | Remove AMBR Eara Simpson 2314 Delphi Blid DAD Lakeland, FL 33812 Remove Change □Add □ Change \square Add

□Change

Change E a Simpsion
Change Eara Simpson Zip code to 33812
Change Earica A. Cole title from CEO to AMBR
Change Kathy L. Levine title from Coo to AMBR
Change Eara Simpson title from CFO to AMBR
2022 S.E.
E. Effective date, if other than the date of filing: (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated October 29, 2022 Equipment A Cole Signature of a member or authorized representative of a member
Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00