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01/27/23--01011--010 **25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	AL MEDIA LLC Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MICHELLE MACIAS				
		Name of Person		_	
	MACIAS CONSULTING	INC			
	•	Firm/Company		_	
	1625 SE 46TH ST, STE 57	A			_ 1
		Address		- .	itus &
	CAPE CORAL, FL 33904			1-3 :	[-
		City/State and Zip Code		_	
	MICHELLE@MACIASCP				:
	E-mail address: (to be used for future annual report noti	fication)		·'
For further information c	oncerning this matter, please c	all:			Ü
MICHELLE MACIAS		239 549-2140 at ()			
Name o	f Person		e Telephone Numbe	er	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Statu	
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Sorporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite (810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NM DIGITAL MEDIA LLC (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 _______ and assigned ______ and assigned Florida document number L22000413550 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GOLD TOUCH DETAILING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." 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: CB Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ____

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be priorite: If the date inserted in this block does not meet the appl cument's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.02 icable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DECEMBER 31 2022	··
(TAM)	horized representative of a member

Filing Fee: \$25.00