## P20 0000 20333

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: \_\_\_ Connelly Capital, Inc. P20000020333 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brendan Connelly Name of Contact Person Connelly Capital, Inc. Firm/ Company 850 SW Saint Tropez Court Address Port Saint Lucie, FL 34986 City/ State and Zip Code bc@a6.media E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brendan Connelly Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$43.75** Filing Fee & **□\$43.75** Filing Fee & □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment 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 Incorporation

Connelly Capital, Inc.		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P20000020333		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
A6 Media, Inc.	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	(same)	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	850 SW Saint Tropez Court	
	Port Saint Lucie, FL 34986	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Port Saint Lucie, FL 34986	
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address		
Name of New Registered Agent N/A		
(Florida s	treet address)	
Now Descriptional Office Address	. Florida	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11	) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	NIA	<u>Addres</u> s	
1) Change		_	· <del></del>		
Add					
Remove					
2) Change					
Add					
Remove 3 ) Change					
Add					
Remove					<del></del>
4) Change					
Add					
Remove					
<i>5)</i> Change					
Add					
Remove					
6) Change					
Add				<u></u>	<u></u>
Remove					

one ————————————————————————————————————	
If an amendment provides for an exchange, reclassification, or cancellation	on of issued shares,
provisions for implementing the amendment if not contained in the amen	ndment itself:
(if not applicable, indicate N/A)	
one	

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The folior each voting group entitled to vote separately on the amend	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(	
03/09/20 Dated	020	
Signature	1///	
(Ву а	director, president or other officer if directors or officers heted, by an incorporator - if in the hands of a receiver, trustee	
	inted fiduciary by that fiduciary)	, or other court
	Brendan Connelly	
	(Typed or printed name of person signing)	
	President / Managing Director	
	(Title of person signing)	