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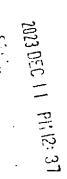
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COVER LETTER

TO: Registration So Division of Con					
Assure M	edia, LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspondent	ondence concerning this matter t	o the following:			
	Yaviany Cruz				
		Name of Person			
		Name of Person Firm/Company Recutive Center Dr. Ste 100 Address FL 33431 City/State and Zip Code assuremedia.io mail address: (to be used for future annual report notification) atter, please call: at (
	2385 NW Executive Cen				
		Address			
	Firm/Company 2385 NW Executive Center Dr. Ste 100 Address Boca Raton, FL 33431 City/State and Zip Code accounting@assuremedia.io E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: at (
	· · · · · ·	City/State and Zip Code			
			notification)		
For further information			milication		
Yaviany Cruz		at (
Name	of Person	Area Code Da	ytime Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
<u>Mailing Addr</u> Registratior					
	Corporations	Division of	Corporations		
P.O. Box 63	327				
Tallahassee	, FL 32314	Z415 N. MO	mnoe succi, aunc 610		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSURE MEDIA, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	J
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		IN THE COLUMN TO
Enter new mailing address, if applicable:		- ::-
(Mailing address MAY BE A POST OFFICE BOX)		72
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	rla Fla	orida
	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 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
MGR	MENDEZ, FERNANDO	2385 NW EXECUTIVE CENTER DR SUITE 100) □Adđ
		BOCA RATON, FL 33431	Remove
			□Change
MGR	HOYOS, SEBASTIAN	2385 NW EXECUTIVE CENTER DR SUITE 100)
		BOCA RATON, FL 33431	Remove
			Change
			□Add
			□Remove
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Note:		ed in this block do	es not meet the ap	pplicable statutory		optional) s after filing.) Pursuan s, this date will not	
	ord specifies a delay filed.	yed effective date,	but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after the
_	. 11/30		2023				
Dated	1			· ·			
Juice							
Juice							
, yaroc		Signat	ure of a member or	authorized represen	tative of a member		

Filing Fee: \$25.00