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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	homas Risi	ng Media	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Caroline	Thomas	
		Name of Person	
		Firm/Company	
	501 116th	Ave. N. #218	
		Address	
	St. Petersb	City tate and Zip Code	
-	hello@coro	Citystate and Zip Code linethomas photogr be used for future annual report notif	Taphy. com
For further information conc			
Caroline Th	nomas_	at (<u>561</u>) <u>602 –</u> Area Code Daytimo	1999 e Telephone Number
Enclosed is a check for the fo			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$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

<u></u>	<u>n Crea</u>	tive LL				
(Name of the Limite	d Liability Comp A Florida Limited	nany as it now ap I Liability Compar	pears on o iy)	ur records.) I		
The Articles of Organization for this Limited Liz Florida document number <u>L090008</u>	ability Compan <mark>名463</mark> _	y were filed on	9	11 2009	and ass	igned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of Thomas Risin The new name must be distinguishable and contain the wo	na Med	dia L	LC	ing at 17 m ang banaha	having of	1.0
		niny Company, 1	ne designa	. , ,	meviation 12.	L.C.
Enter new principal offices address, if applica		·			21321	
(Principal office address MUST BE A STREE	I ADDRESS)			·	- 글	
				· · · · · · · · · · · · · · · · · · ·	<u></u>	
Enter new mailing address, if applicable:					70	‡ ,
(Mailing address MAY BE A POST OFFICE I	В <i>ОХ</i>)				<u>ن</u>	
				 :	39	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	e harai			s, enter the nam but name Thomas		
New Registered Office Address:			ame Florida str	eet address	-	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second	Florida		
		City		Tibilua	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.

of 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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_____ □Change

Own	er Caroli	ine Smi	<u></u>		
				الممما	
Y	ias Chango	ed her	<u>name</u>	regary	<u> 10 </u>
	(arolin	ne Thon	<u>ras.</u>		
_Name	change is	due to	<u>divorc</u>	e,	<u> </u>
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Effective date, if oth	er than the date of fili	ng:		(optional)
	d, the date must be specific a rted in this block does not				
document's effective of	date on the Department of	'State's records.			
e record specifies a del rd is filed.	layed effective date, but n	ot an effective time.	at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
DatedNC	vember 11	. 2021			
	Signature of	a member or authorize	mad- ed representative of a	ı member	
	Car	oline Thor	mac		

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