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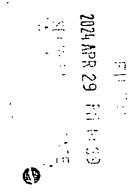
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COVER LETTER

Registration Section
Division of Corporations

TO:

	EDIA MARKETING LLC			
SUBJECT:	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:		
	DONNA L DEFEDE			
		Name of Person		
	TECHNIMEDIA MARKETING LLC			
	Firm Company			
	11465 TINDER CT			
		Address		
	VENICE, FL 34292			
	 	City/State and Zip Code		
	dld@careerpathwaysonline.			
	E-mail address: (to be used for future annual report notif	ication)	
For further information e	oncerning this matter, please c	all:		
DONNA L DEFEDE		941 375-8737 ar()		
Name o	f Person	Area Code Daytime	· Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address; Registration Sec	ction	
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECHNIMEDIA MARKETING LLC	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
he Articles of Organization for this Limited Liability Company were til	led on 8-24-2010 and assigned
lorida document number L10000088632	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability cor	mpany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	oany." the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	202
nter new mailing address, if applicable:	77
Mailing address MAY BE A POST OFFICE BOX)	_ ্ স্ট্ৰ
<u> </u>	· 9 ···
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, enter the name of the new regist
	· GB
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street uddress
	, Florida
City	v 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 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>	<u>Name</u>	Address	Type of Action
CEO	FRANK A DEFEDE SR	11465 TINDER CT, VENICE FL 34292	□Add
			≣Remove
AMBR	FRANK ANTHONY DEFEDE	11465 TINDER CT. VENICE FL 34292	■ Add
			□Remove
		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ᆜChange
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Page 2 of 3

		
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(If an effective date is listed, the date mus	date of filing: 4-26-2024 (option to be specific and cannot be prior to date of filing or more than 90 days after ock does not meet the applicable statutory filing requirements, this epartment of State's records.	filing.) Pursuant to 605.0207 (3)
the record specifies a delayed) The 90th day after the reco	d effective date, but not an effective time, at 12:01 a ord is filed.	a.m. on the earlier of:
Dated APRIL 26	2024	
Donna	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
DONNA L DEFEDE		
	Typed or printed name of signer	

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Filing Fee: \$25.00