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D. BRUCE

EXAMINER

COVER LETTER

TO! Registration Section Division of Corporations	
SUBJECT: JAMP Media Croup L.L.C. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Name of Person	
- 5079 N. Dixie Highway Firm/Company Oakland Park, FL.33334 Box 310 Address	
City/State and Zip Code I amp media group @ gmail. com E-mail address: (to be used for future annual report notification)	10 DEC
For further information concerning this matter, please call:	-2 PM 1:1
Name of Person at (786) 7044950 Area Code & Daytime Telephone Number	
(additional copy is enclosed) Certified (e of Status &
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMP Media Group	LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our rec iability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number 2000/17874	were filed on ///12/	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:	10 D	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the desi	gnation "LL'C" or the abbreviation	
Enter new principal offices address, if applicable:		me s m	
(Principal office address MUST BE A STREET ADDRESS)		50 - 10	
		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	. 5079 N. Dixie Oakland Park Florida 3333		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, F	lorida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Name** Address Type of Action Gloria R. Mckay Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Cloria R. Mckay

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00