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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

eun inch.	One Touch	Media Designs LLC	•
SUBJECT:		Name of Lim	ited Liability Company
		Amendment and fee(s) are sub	
		Eileen Glasshofer	
	Name of Person		
		One Touch Media Designs	
			Firm/Company
	ı		
			Address
		Boca Raton, FL 33432	
			City/State and Zip Code
		accounting@onetouchmedia	adesigns.com , , ,
		E-mail address: (to be used for future annual report notification)
For further in	formation co	ncerning this matter, please ca	to be used for future annual report notification) all:
Eileen Glassh	nofer		954 300-1230
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is a	check for the	e following amount:	i-: • •
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	ling Address pistration S dision of Co Box 6327	ection orporations	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

One Touch Media Designs LLC				
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) ity Company)		_	
The Articles of Organization for this Limited Liability Company wer	e filed on	a	nd assigi	ned
Florida document number L11000040141				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or th	ie abbreviat	tion "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
_		• • • • • • • • • • • • • • • • • • • •	21	
B. If amending the registered agent and/or registered office add	ess on our records, enter the n	ame of t	202 <u>1</u> he. <u>n</u> ew r	egister
agent and/or the new registered office address here:		() ()	LG.	1 1
			27	4
Name of New Registered Agent:		51.5	70 .	<u> </u>
New Registered Office Address:			.; <u>.</u>	. <u> </u>
-	Enter Florida street address	L.	9	
	, Florida			
	City	Zin	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
AMBR	Allen Scott Hayes	374 E. Palmetto Park Rd	■Add
		Boca Raton, FL 33432	□Remove
			Change
			□Remove
			□Change
			□Add
			Remove DChange Add, A
			Add, T
			□Add
			□Remove
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	1/1/2022					
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lote: If the date inserted in this block does not r	neet the applicable					
	mate's records.					
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ocument's effective date on the Department of S record specifies a delayed effective date, but not l is filed.	an effective time,	, at 12:01 a.m. on th	e earlier of: (b)	The 90	th day af	fter the
record specifies a delayed effective date, but not d is filed. December 14	an effective time,			The 90	th day af	fter the
record specifies a delayed effective date, but not d is filed. December 14	an effective time,	at 12:01 a.m. on th		The 90	th day af	fter the