61/000119212

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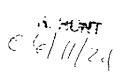
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COVER LETTER

Div	ision of Cor						
SUBJECT.	MEDIA SOLUTIONS UNLIMITED LLC						
SUBJECT:		Name of Lim	nited Liability Company				
The enclosed	l Anicles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		HARRY J CATTON					
			Name of Person				
		MEDIA SOLUTIONS UN	NLIMITED LLC				
Firm/Company							
2700 N 29TH AVENUE, SUITE 101							
			Address				
		Hollywood, FL 33020					
			City/State and Zip Code				
		HARRYJ@HFGNOW.CO		ification)			
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	ification)			
		oncerning this matter, prease c					
HARRYJC			954 870-4097 at ()				
	Name o	「Person	Area Code Daytir	ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
≣ \$ 25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	ling Addres		<u>Street Address:</u> Registration Se	ection			
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

MEDIA SOLUTIONS UNLIMITED LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/18/2011 and assigned Florida document number _____11000119212 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 Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

___, Florida ___

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	HARRY J CATTON	2700 N 29TH AVENUE SUITE 101	≣ Add
		HOLLYWOOD FL 33020	□Remove
			Change
			☐Add
			□Remove
			Change
			□Add
	·		☐ Remove
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		,	15	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be pr	rior to date of filin	g or more than 90 days	optional) after filing.) P	irsuant to 605.020
te: If the date inserted in this block does not meet the app nument's effective date on the Department of State's recor		tiling requirements	i, this date wi	il not be listed a
cord specifies a delayed effective date, but not an effectiv s filed.	e time, at 12:01	a.m. on the earlier of	of: (b) The 9	Oth day after the
JUNE 11TH 2024				
ed Control of the con	·			
Signature of a member or a		ntative of a member		

Filing Fee: \$25.00