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11/12/2024

Da	ate:	11/12/2024	- will
		Acc#I20160000072	
Name:	Boyter Co	ommercial, LLC	
Document #:			
Order #:	15954351		
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Thank you!

COVER LETTER

	distration Sec dision of Corp			
cupir <i>c</i> t.		mercial, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please returi	all correspo	ndence concerning this matter to	o the following:	
		John Boyter		
			Name of Person	
		Boyter Commercial, LLC		
			Firm/Company	
		150 SE 2nd Ave, Suite 300		
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		accounting@boyterisland.cc		38 2 3
			o be used for future annual report	notification)
For further	information c	oncerning this matter, please ca	H:	
Summit La	w NC		980 470-202 at () Area Code Da	0 ytime Telephone Number
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is	a check for the	he following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Boyter Commercial, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited 1 Florida document number L12000154779	Liability Company	were filed on December 11, 2012	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
Boyter Media, LLC			
The new name must be distinguishable and contain the	words "Limited Liahi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
Mailing address <u>MAY BE A POST OFFICE</u>	` <i>R(</i>)X)		
maning quartes, MALY BE ALLOST OF FICE	, <u>10. y</u>		
 If amending the registered agent and/or igent and/or the new registered office addre 		address on our records, <u>enter the nar</u>	ne of the new registe
			
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		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 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
	N/A		□ Add
			Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
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