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SECRETARY OF STATE
TALLAHASSEF



COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: Ma	rcos Guevar	a Photography	LLC	
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Marcos	Name of Person		
		Name of Person		
		Firm/Company		
	in we sed en			
	191 NE 2, 74	rest Apt #907		ı •
		,	ZI A	-
	Fort Laude	City/State and Zip Code City/State and Zip Code Code	이 원 형	ener Total
		City/State and Zip Code	- 경우 수	
	E-mail address:	to be used for future annual report not	D SOP TE	j j
For further information c	oncerning this matter, please c		3: C	
Marcos Go	evere	at (<u>454</u>) <u>304</u> Area Code Daytin	2190	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	te 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassec e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marcos (veraca Photography Photography LL C

(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 Compan Florida document number <u>L13</u> 0000 64527	y were filed on May 2, 2013 and assigned
113 AMS C4 F27	and assigned
Florida document number Liboob & M & .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
MG Media LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S 20
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal Office address MOST BE A STREET ADDRESS;	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	္ မ
	111
R. If amending the registered agent and/or registered office	
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	E
	, Florida
New Registered Agent's Signature, if changing Registered Agent	•
	-
I hereby accept the appointment as registered agent and ag	ree 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 being filed to merely reflect a change in the registered office	provided for in Chapter 603, F.S. Or, if this document is eaddress. Thereby confirm that the limited liability
company has been notified in writing of this change.	. www.com, r nervoy confirm that the timited habitily

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>	<u>Address</u>	Type of Action
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			□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ick does not me	et the applicab	date of filing or le statutory fi	more than 90 day ing requirement	(optional) s after filing.) Pos., this date wi	ursuant to 6 Il not be li	05.0207 sted as
e record specifies a delayed effective rd is filed.	date, but not a	n effective time	е, аt 12:01 а.п	n. on the earlier	of: (b) The 9	0th day af	ter the
Dated July 29,		2021					
•	m	· 10/ Q					
	/ www	TAV & Link	والمستمعين				
	Signature of a me	mber or authorize	ed representati	ve of a member			

. . . .

Filing Fee: \$25.00