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## **COVER LETTER**

TO: Registration Section **Division of Corporations** HOLLYWOODNANCYMEDIA LLC SUBJECT: 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: Nancy L. Herman Name of Person HOLLYWOODNANCYMEDIA LLC Firm/Company 16314 Armstrong Place Address Tampa, FL 33647 City/State and Zip Code nancyherm@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy L. Herman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$60.00** Filing Fee, ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

HOLLYWOODNANCYMEDIA LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L13000145450	pany were filed on October 15, 2013	and assigned
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 I	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS	5)	
		24
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		F- 2 8
		<u></u>
		2 P
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u> e	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	d.,
-	City , F lorio	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>	Name	Address	Type of Action
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		TAMPA, FL 33647	□Remove
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the application			
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Dated	2024			
may of of or	Signature of a member or author			
	Signature of a member or author	nzed representative of a me	niber	