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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hearken Media Group LLC Name of Limited Erability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David St. Clair Husbands Name of Person
Hearken Media Group, Lle
106 Silver Maple Terr
Santord FL 32773  City/State and Zip Code  Info Cheark on broad Casturg. Conv  Elimitablices: (to be used for future annual report notification)
Into a hear Ven broad Casting. Com Elizabetress (to be used for future annual report notification)
For further information concerning this matter, please call:
David St Clar Husbards  Name of Person  Name of Person
Enclosed is a check for the following amount:    TO \$25 00 Filing Fee

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

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Hearken Medi	a Group	2022 JUL 19 PM 2: 42
Name of the Limited Liability Conference of Organization for this Limited Liability Comparison for this Limited Liability Comparison document number	mpany as it how appeyrs in ted Lubility Company) any were filed on	TALLAHAS SEE, FI.  UDIT and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	anbility Company," the design	nation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our reco	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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 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>	Name	Address	Type of Action
MGR	IVonne Gittens	106 S. VII Maple	Tertade
·		106 Silver Maple. Sanford FL 3277	<u>}</u> □Remove
			<u>~</u> .
			CAdd
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			Change
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			□ Remove
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	ing any other information, enter change(s) here: /Attach a	
<del></del>		
Note: If the	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of fil  the date inserted in this block does not meet the applicable statuto  it's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 by filing requirements, this date will not be listed as
e record sp d is filed.	specifies a delayed effective date, but not an effective time, at 12:0 d.	H a.m. on the earlier of (b). The 90th day after the
Dated _(	July 20 2022	
	Signature of a member or authorized repre-	sentative of a member