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COVER LETTER *

TO: Registration Section Division of Corporations
SUBJECT: RAHMAN MEDIA LLC 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:
IMRAN RAHMAN Name of Person
PAHMAN MEDIA UC Firm/Company
1231 COOLMONT DRIVE
BRANDON FC 33511 City/State and Zip Code
City/State and Zip Code [MFANCRAHMANMEDIA.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MRAN RAHMAN at (813) 263 - 6027 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee,} \text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.Ü.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)		1.5
		Change in
		23 - S
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		2: 29 STATE LORIDA
		- "
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the no
,	•	
Name of New Registered Agent:		
Nau Pagistand Office Address		
New Registered Office Address:	Enter Florida stre	eet address
		, Florida
		Zip Code

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> <u>Name</u> <u>Address</u> **Type of Action** ABIDA RAHMAN 1231 COOLMONT DR. - Add BRANDON FL 33511 XRemove □ Change □ Add _□ Remove □ Change □ Add _□ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove Change

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