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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: River City Media Source, 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:	
Jennifer McKINNOH Name of Person	
RIVER CITY MEDIA Source, LLC	
12508 Magbury Lane	
Jack Sonville, Fl. 32258 City/State and Zip Code	
McKinnon. Jennifer @ yahoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jennifer mchinnon at (904) 465-0745 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box S55.00 Filing Fee & Box S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

River Mitu Media Source II.

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\frac{L1H00011876}{}$	Company were filed on July 28, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:
Creative Gold, LLC	
'he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	tered office address on our records, enter the name of the new
egistered agent and/or the new registered office add	
Name of New Registered Agent:	HAR SETA
New Registered Office Address:	7 A
	Enter Florida street address
<u> </u>	, Florida
	City Sip 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		-	Change
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ın effecti	date, if other than the date of filing:(optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.02
cument	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a seffective date on the Department of State's records. It is specified a delayed effective date, but not an effective time, at 12:01 a.m. on the seffective time.	
The 90	Oth day after the record is filed.	
ated	March 15th, 2017.	
	March 15th . 2017. Signature of a member or authorized representative of a member	
	Jennifer MCKinnon Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00