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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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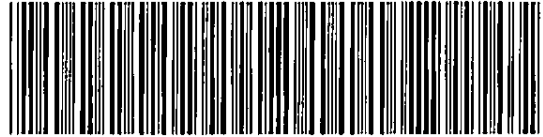
(Business Entity Name)

(Document Number)

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2024 JAN -4 PM 11:25  
SEMI-ANNUAL STATE  
TAX RECEIPT

2024 JAN -4 PM 11:25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Black Market 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:

Kim Bush

Name of Person

Black Market Media LLC

Firm/Company

PO Box 580291

Address

Elk Grove, CA 95758

City/State and Zip Code

blackmarketmedia@gmail.com

E-mail address: (to be used for future annual report notification)

2024 JAN -4 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kim Bush 916 693-9040  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Black Market Media LLC

(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 Company were filed on 2/25/2015 and assigned  
Florida document number L15000035404.

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 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cedric Singleton	9105 Bruceville Rd #580291	<input type="checkbox"/> Add
		Elk Grove, 95758 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Bell	5710 Auburn Blvd #9	<input checked="" type="checkbox"/> Add
		Sacramento, 95841	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 JAN -1 AM 11:25

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2031 JAN -4 AM 11:25  
SECRETARY OF STATE  
WASHINGTON, D.C.

SECRET//NOFORN//SI//NF  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW

**E. Effective date, if other than the date of filing:** April 1, 2023 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 21, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kim Bush

Typed or printed name of signee

**Filing Fee: \$25.00**