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| (Requ | uestor's Name |) |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | es of Status |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corpora | n * | • | • | \$ | · · · · · · · · · · · · · · · · · · · |
|----------|---|--|---------------------|--|-------------------------|--|
| SUBJE | er: <u>BR</u> | ILLIANT Name | | IDS ME | DIA | LLC |
| The end | closed Articles of Ame | endment and fee(s) a | re submitte | d for filing. | | |
| Please r | eturn all corresponder | nce concerning this r | natter to the | following: | | |
| | - | 5P | Baru | Name of Person | artier. | |
| | - | BR | ILLIAN | T BRAN | VDS ME | DIA |
| | - | 164 | BAX | 5T Address | ų. | |
| | - _ | | Apopu cir jas | A Fl y/State and Zip C on ϖ bb | 232- | nedia com |
| For furt | her information conce | | | used for future and | nual report notif | ication) |
| | SNSW DG Name of Per | USBALGGR son | | at (<u></u> <u><u></u><u></u><u></u><u></u><u></u> <u></u><u></u> <u></u> <u> </u> </u> | <u>461-9</u> Daytime | 7 Telephone Number |
| Enclose | d is a check for the fo | llowing amount: | | | | |
| \$25 | .00 Filing Fee □ | 1 \$30.00 Filing Fee & Certificate of Sta | | \$55.00 Filing F Certified Copy (additional copy i | У | ☐ \$60.00 Filing Fee, Certificate of Status & 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

TO ARTICLES OF ORGANIZATION OF

| BRILLIANT | BRANDS MEDIA | LLC |
|---|---|--|
| (<u>Name of the Limited Li</u> (A F | abllity Company as it now appears on lorida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liabil | | OV. 19 2015 and assigned |
| Florida document number <u>L1560019610</u> | | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | BRIGHT BRANDS MEDIA |
| | | LLC |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | | |
| B. If amending the registered agent and/or a | registered office address on or | ir 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 | and address |
| | Enter Florida | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Regis | tered Agent: | · |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chai | nd complete performance of my ed agent as provided for in Cha stered office address, I hereby c | duties, and I am familiar with and pter 605, F.S. Or if this document is |
| | If Changing Registered Agent | Signature of New Registered Agent |
| | | 3: O |
| | Page 1 of 3 | ≥'`` → |

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| Note | If the date inserted in this block does not meet the applicable statutory filing requirement | s anter ming s, this date | will no | of be listed a | or (3)(6) as the |
| docu | nent's effective date on the Department of State's records. | • | | | |
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| | TASON DASBOZGOR Typed or printed name of signee | <u> </u> | <u>o</u> | m | |
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| | Page 3 of 3 | 70H | L 0 | | |

Filing Fee: \$25.00