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#### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: JLP Media	Group, LLC.		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeff LoParo		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	3831 Country BND E		
	Lakeland / Florida / 33811	Address	
	tolemacgroup@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca		
Jeff LoParo		941 713-9676	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 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

JLP Media Group, L.L.C.					
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)				
The Articles of Organization for this Limited Liability Comp.  L15000213281  Lorida document number	any were filed on	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:				
Tolemac Group Invesments, L.L.C.					
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:	No Address Change				
Principal office address MUST BE A STREET ADDRESS					
Enter new mailing address, if applicable:	No Address Change				
Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, <u>enter the</u> n <u>ar</u>	ne of the new regis			
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>	Type of Action
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			□ Remove
			□Add
			□ Remove
			□ Change
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If an effectiv Note: If th	e date is listed, the ne date inserted i s effective date o	date must be sp in this block do	ecific and ses not m	cannot be pleet the app	olicable sta	of filing or m ntutory filin	ore than 90 g requirem	days after f	ling.) Pursua	nt to 605.0207 It be listed as
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