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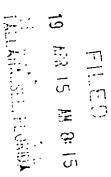
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

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APR 2 7 2019 S. YOUNG

COVER LETTER

TC	D: Registration Se- Division of Cor			
23.11		EB DESIGN, LLC		
SU	ЛВЈЕСТ: <u></u>	Name of Lim	ited Liability Company	
Th	e enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Plo	ease return all correspo	ndence concerning this matter	to the following:	
		Alexander Pogorely		
		Higher Web Design, LLC	Name of Person	
		303 E WOOLBRIDHT RE	Firm/Company D., UNIT 287	
		Boynton Beach, FL 33435	Address	
		alex@pogorely.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For	r further information co	oncerning this matter, please ca	all:	
Al	exander Pogorely		305 7339222 at ()	
	Name of	Person	Area Code Daytir	ne Telephone Number
En	closed is a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHER WEB DESIGN, LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Companies Florida document number $\frac{L16000087842}{L16000087842}$.	ny were filed on $\frac{05/0}{}$	04/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ıbility company her	<u>·e</u> :	
YAN MEDIA, LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de:	signation "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 registered agent and/or the new registered office address he Name of New Registered Agent:		our records, <u>e</u>	nter the name of the ne
New Registered Office Address:	Form Figure	ia street address	
	EMET FIORE		
	City	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agen	·		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this co te performance of n s provided for in CI	ny duties, and I Itapter 605, F.S.	am familiar with and Or, if this document is

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>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			□ Change
		□ Add	
			Remove
			☐ Change
	<u></u>		
		Remove	
			Remove
			□ Change

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Page 3 of 3

Filing Fee: \$25.00