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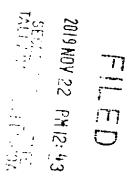
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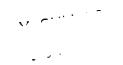
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## **COVER LETTER**

MUD ANGEL MEDIA LLC SUBJECT: 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: ANGELLE MCGRAW Name of Person MUD ANGEL MEDIA LLC Firm/Company **4032 GORDON WELLS DR** Address **MILTON, FL 32583** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANGELLE MCGRAW Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

MUD ANGEL MEDIA LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L16000120667	oility Company were filed on 6/22/2016	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> re address here:	nter-the name of the r
egistered agent analos (ne new registered ours		MOV 2
Name of New Registered Agent:		22 [
New Registered Office Address:		- R
-	Enter Florida street address	57 E
	, 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
AMBR	RICK MCGRAW	4032 GORDON WELLS DR MILTON, FL 32583	
			■ Remove
			Change
			Add
			Remove
			□ Change
			□ bbA □
			□ Remove
			□ Change
		<del></del>	
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			Remove
			Change
			□ Add
			Remove
			□ Change

•	
	11/18/2019
lt an ei <b>Note:</b>	ive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	NOVEMBER 18. 2019
	Mich M Non-
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00