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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
	Mayer Capital LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please returr	all correspo	ndence concerning this matter	to the following:			
		Ryan Mayer				
			Name of Person			
		Mayer Capital LLC				
			Firm/Company			
			Address			
		Melbourne, FL 32940				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		ryan@promediaone.com				
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	ntication)		
Ryan Mayer		oneoning in interception of				
Kyan waye			at (
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 I	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 cadditional copy is enclosed)		
	iling Addres		Street Address:			
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	O. Box 632	-	The Centre of	•		
	Habassee J			roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Mayer Capital LLC Z022 JUN - 7 PM 1: 26

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{1/23/2017}{2}$ and assigned Florida document number $\frac{L17000018182}{}$ 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." 5345 N. Wickham Rd #114 Enter new principal offices address, if applicable: Melbourne, FL 32940 (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 City

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 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
			□Remove
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is filed.			. ,	•
. June 1	2022			
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