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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se- Division of Cor			
	Stephen Ca	iraccio LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Stephen Caraccio		
			Name of Person	
		Stephen Caraccio LLC		
			Firm/Company	
		6311 Harbour Star Drive		
			Address	
		Lake Worth, FL 33467		
		caracciostephen@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Steph	en Caraccio		561 267-5880	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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:

TO:

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

Stephen Caraccio LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned L17000070014 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Light Speed Media LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the mame 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 , Florida 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
	<u> </u>		🗖 Add
			Remove
			☐ Change
			□ Add
			C Remove
			☐ Change
			Remove
			Change
			Remove
			Remove
			Change

,	
	
(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	November 11 2019
	SHOW THE RESERVE TO T
	Signature of a member or authorized representative of a member
	Stephen Caracio

Page 3 of 3

Filing Fee: \$25.00