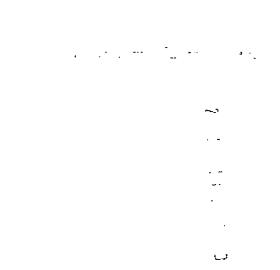
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

NATI SUBJECT:	IVE VV, LLC		
SUBJECT:	Name of Li	imited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are su	ubmitted for filing.	
Please return all cor	rrespondence concerning this matte	er to the following:	
	VANESSA GUARDIA		
		Name of Person	
	NATIVE VV, LLC		
		Firm/Company	
	10234 NW 88th ter		
	•	Address	·
	DORAL, FLORIDA 331	178	
	·	City/State and Zip Code	,, ,
	info@velumservices.com	s: (to be used for future annual report notification)	
For further informa-	tion concerning this matter, please		
		at ()	
N	ame of Person	at ()Area Code Daytime Telephone	Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed)	0.00 Filing Fee. ertificate of Status & ertified Copy ddiuonal copy is enclosed)
Mailing A		Street Address:	
	tion Section of Corporations	Registration Section Division of Corporations	
P.O. Box		The Centre of Tallahassee	e

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIVE VV, LLC		
(Name of the Limited Liabili	ty Company as it now appears on our records.) Limited Liability Company)	<u> </u>
(A Fioritia	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability C	ompany were filed on 04/04/2017	and assigned
lorida document number 1.17(XXX)75828		•
iorida document intinoer	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Techno Media Agency, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDR	RESS)	
Enton more moding address if applicables		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	d office address on our records, <u>enter t</u> h	e name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
MGR	ALIXANDRA AGUIRRE	8262 NW 46TH STREET DORAL, FL 33178	□Add
			= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior does not meet the applic	able statutory filing re	(optional) than 90 days after filing. equirements, this date) Pursuant to 605.020 will not be listed as
cord specifies a delayed effective da s filed.	ite, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
NOVEMBER 6	2024	·		
ed	· -			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a Cook de nature of a member or auth	corized representative of	a member	