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Registration Section

TO:

Div	ision of Cor	porations			
	Gonzo Med	lia, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Lawrence G. Walters			
			Name of Person		
		Walters Law Group			
			Firm/Company		
		195 W. Pine Avenue			
			Address		20
		Longwood, FL 32750)20 AL ECTAL
		paralegal@firstamendment	City/State and Zip Code		2020 AUG 10 SECRETATION
		E-mail address: (to be used for future annual repor	t notification)	#S\$\$
For further in	nformation co	oncerning this matter, please c	all:		
Lawrence G	. Walters, Es	q.	407 975-915		72
	Name of	f Person	Area Code Da	aytime Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Re	iling Addres gistration S vision of C		Street Addres Registration Division of		
_). Box 632 Ilahassee, F			of Tallahassee onroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gonzo Media, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 4/21/2017	and assigned
Florida document number L17000090228		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		** 1 ** 1
(Principal office address MUST BE A STREET ADDRESS)		
		020 SEC
Enter new mailing address, if applicable:		AALL SALE TO AND
(Mailing address MAY BE A POST OFFICE BOX)		
	-	S
		[7] A version
B. If amending the registered agent and/or registered offic	ce address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		· F. 2
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
Trest registered Office reduced.	Enter Florida street address	
	, Flori	ida
	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 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	Joanne Jordan	6231 107th Ave. N.	= Add
		Pinellas Park, FL 33782	□Remove
			□Change
			□ Add
		 	□Remove
			□Change
			TALL MASSES
			THE Add N
			Remove
			□Change
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an effective date is liste	ner than the date of the date date must be specified.	c and cannot be pr	ior to date of filing of	or more than 90 days a	ptional) after filing.) Pursuar	it to 605.0207
	rted in this block does a date on the Department			iling requirements,	this date will not	be listed as
record specifies a de l is filed.	layed effective date, bu	t not an effective	e time, at 12:01 a.	m. on the earlier of	: (b) The 90th d	ay after the
ated AUGUS	t 6	. 2021	<u>)</u> .			
						

Filing Fee: \$25.00

Typed or printed name of signee