L17000097360

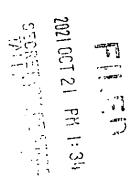
(Requestor's Name)
	Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

enbirat.	PRINCE OF	THE CITY MEDIA GROUP	P. LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
			Name of Person	**************************************
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			Address	
			City/State and Zip Code	
For further i	nformation c	E-mail address: (to be used for future annual repo	rt notification)
Jason R Prii			561 859553	31
	Name o	f Person	Area Code [Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
j i \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro	niling Addres	Section	Street Addre Registratio	n Section
וט	vision of C	orporations	DIVISION O	f Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PRINCE OF THE CITY MEDIA GROUP, LLC

2021 OCT 21 PH 1: 31,

(Name of the Limited Liability (A Florida L	Company as it now appears on	our records.)
(A Florida L	Limited Liability Company)	一致任何的第三人称
The Articles of Organization for this Limited Liability Con Florida document number 1.17000097360	mpany were filed on	2017 and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of the new re</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	street address
		, 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 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>	Name	Address	Type of Action
CEO	Randi A Prince	10330 camelback lane, boca raton fl 33498	
			□Remove
			□Change
			□Add
			□Remove
			□Change
	. 2017-00		□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(if an effe	ve date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	October, 18th 2021
	,
	Signature of a member or authorized representative of a member