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COVER LETTER

Division of Cor		•	•
Neptune M	edia LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sadiq Muhamed		
		Name of Person	
	Neptune Media LLC		
		Firm/Company	
	111 NE 1st Street, Floor 2		
		Address	
	Miami, Florida 33132		Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Corporations e Media LLC Name of Limited Liability Company		
For further information c		·	meation)
	oncerning this matter, preuse e		
Mayra Aleman			
Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ction
Registration Section Division of Corporations			
P.O. Box 632	.7		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

23 JUL -5 PH;

SECRELATION OF ST.

ALLAHASSEE, FLOI

Neptune Media LLC			Section .
(Name of the Lim	ited Liability Compa (A Florida Limited	any as <mark>it now appears on our re</mark> Liability Company)	cords.) ALL All ASSEE, F
The Articles of Organization for this Limited I Florida document number L17000104125	Liability Company	were filed on 05/10/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	111 NE 1ST STREET, 2N	D FLOOR
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33132	
Enter new mailing address, if applicable:		111 NE 1ST STREET, 2N	D FLOOR
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33132	
B. If amending the registered agent and/or agent and/or the new registered office addresses	ess here:		nter the name of the new registered
Name of New Registered Agent:	Sadiq Muhame	d .	
New Registered Office Address:	111 NE IST ST	TREET, 2ND FLOOR	
		Enter Florida street ac	ldress
This amendment is submitted to amend the A. If amending name, enter the new name. The new name must be distinguishable and contain to Enter new principal offices address, if applicable and office address MUST BE A STR. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/office address address address address and/office address address and/office address address and/office address address address and/office address address address address address and/office address ad	Miami		, Florida <u>33132</u>
		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	Sadiq Muhamed	111 NE 1ST STREET, 2ND FLOOR	≘ Add
		Miami, FL 33132	
			□Add
			□Remove
			□Change
			□ Add
		-	□Remove
		*	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			©Remove
			□Change
			□Add
			□Remove
		□Change	
			
			□Change

II amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
*		
-		
~		
an effective (ote: If th	date, if other than the date of filing:	207 (l as t
record spo I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ated		
	Signature of a member or authorized representative of a member	
-	Signature of a member or authorized representative of a member	
	Sadiq Muhamed	

Filing Fee: \$25.00