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Special Instructions to I	Filing Officer:	
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COVER LETTER

Division of Cor	porations		
SUBJECT: <u>()UE</u>	Source Bran	OING & MEDIA ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Ry	AN MCNUTT Name of Person	
	ONE SO	Firm/Company	MEOIA
	<u>1121 S</u>	Address CIRCLE	
		O. Ft. 32771 City/State and Zip Code ONES US CE BRANDING. On to be used for future annual report notifications.	icon
For further information c	oncerning this matter, please c		(Calling)
Ryan Name o	MCUUTT of Person		Z816 : Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

ONE SOURCE BRANDING & MEDIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on _	06/02/201	27 and assi	igned
Florida document number <u>L1700017085D</u>		/ /		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company l	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" or	the abbreviation "L.I	C."
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 of registered agent and/or the new registered office address here	office address o	on our records, <u>e</u>	SECRETARIAN FOR THE PARTY OF TH	of the new
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	Enter Fl	orida street address		<u>_</u>
		, Florid	ia	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agi	ree to act in this	capacity. I furthe	er agree to comp	ly with the

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>	<u>Address</u>	Type of Action
MGR	JENNA LYNCH	1721 SAN TAUNTO CIECLE, SANFOR	0,9 10 Add
			□ Remove
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(If an ef Note:	ive 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 90th day after the record is filed.
Dated	Juy 9 . 2019.
	Signature of a member or authorized representative of a member
	1/2 1/01

Page 3 of 3

Filing Fee: \$25.00