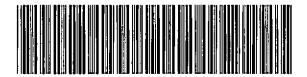
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### **COVER LETTER**

TO:	Registration Se Division of Cor						
eun ave	Atwell Med	lia LLC					
SUBJECT: Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please re	eturn all correspo	endence concerning this matter	to the following:				
		Suzanne Atwell					
			Name of Person	<del></del>			
		Atwell Media LLC					
			Firm/Company				
		35 WATERGATE DR. Su	ite 1606suzanne@suzanneatwell.c	orgSuzanne Atwell			
			Address				
		Sarasota, FL 34236					
			City/State and Zip Code				
		suzanne@suzanneatwell.org	to be used for future annual report no				
For furth	ner information e	n-man address: t oncerning this matter, please c		uneauon)			
Suzanne	Atwell		941 587-4976 at ()				
	Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed	l is a check for th	ne following amount:					
□ <b>\$2</b> 5.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection			
Division of Corporations			Division of Co	rporations			
	P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our record imited Liability Company)	<u>s.</u> )
mpany were filed on 07/11/2017	and assigned
·	
ed liability company here:	
	- 20
ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
ESS)	<u> </u>
	9:41
	<u> </u>
office address on our records, enter	the name of the new registere
Enter Florida street addres	<u> </u>
·	orida Zip Code
	npany were filed on 07/11/2017  ed liability company here:  d Liability Company," the designation "LLC"  (SSS)  Enter Florida street address.

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	NIL		□ Change
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			□Remove
			∏Change

## Page 2 of 3

Amend Articles by adding the following statement -					
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within					
the meaning of Section 501(c) (3) of the Internal Revenue Code, or correspond	onding section of any	future			
federal tax code, or shall be distributed to the federal government, or to a sta	ite or local governme	nt.			
for a public purpose.					
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tive date, if other than the date of filing:  Rective date is listed, the date must be specific and cannot be prior to date of filing or not the date inserted in this block does not meet the applicable statutory filingent's effective date on the Department of State's records.		ling.) Pursu			
·		m. on th	ie ear		
ecord specifies a delayed effective date, but not an effective to e 90th day after the record is filed.	time, at 12:01 a.				
cord specifies a delayed effective date, but not an effective t	4				

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