

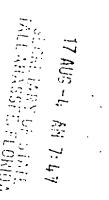
(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800301998408

08/04/17--01018--019 **30.00



AUG 0 7 2017 J SHIVERS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Rune Media on Name of Lim	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:	
	William	Name of Person	
	Bene r	Tedia and Marketing Firm/Company	
	25 Kright I	Roxx Rd # 6106 Address	
		City/State and Zip Code	
	info at E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	an R. Tolbest IV. f Person	at (<i>Q04</i>)	784 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

Rose Media and (Name of the Limited Liability	Marketing LLC y Company as 1 now appears on our re Limited Liability Company)	cords.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>67/20</u>	2/2017 and assigned
Florida document number <u>117 0co 159960</u>	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	arad office address on our rec	ords ontar the name of the name
registered agent and/or the new registered office addi		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress L
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	2

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
AMBR	William R. Tolbert IV.	25 Knight Boxx Rd # 6106, Cronge 1:	Add Add
		·	Remove
			Change
<u>AP</u>	Angela 1 Kite	25 Knight Boxx Rd # 6106, Oran 32065	gen d Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
MGR	Angela Renze Tobert	25 Knight Boxx Rd # 6106, Orange	<i>P</i> - C _□ Add
			Remove
			Change
AMBR	Angela Rence Tolbert	25 Kight Boxx Rd# 6106, Crange Po 32065	PL dek, □ Add
		-	Remove
		-	Change
MGR	Hillian R. Telbert IV	25 Knight Boxx Rd # GOOG Dongs	Rok D Add
			☐ Remove
			Change
<u> </u>			□ Add
			Remove
			Change

	
	
	<u> </u>
	\$55 \$55
	7.0
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mate: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
record specifies a delayed effective date, but not an effective ti he 90th day after the record is filed.	ime, at 12:01 a.m. on the earlie
ed	
Signature of a member or authorized representative	

Ď.

Page 3 of 3

Filing Fee: \$25.00