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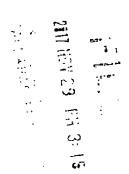
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1. HARRIS

COVER LETTER

	Registration Se Division of Cor			·
emp ico	H20 Media			
SUBJEC	TT:	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	to the following:	
		Brian H Oilar		
			Name of Person	
		H2O Media, LLC		
			Firm/Company	
21218 ST, ANDREWS BLVD, #242				
			Address	
		BOCA RATON, FL 33433		
			City/State and Zip Code	
		heathoilar@gmail.com	to be used for future annual report notifi	(cation)
For furth	er information e	oncerning this matter, please ca		(Callon)
Brian H	Oilar		561 210-7447	
	Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed	I is a check for t	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 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

H20 Media, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.' ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/16/2017	and assigned
Florida document number L17000237004		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
H2O Media, LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		AC
		6
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· 4 5
 If amending the registered agent and/or registered registered agent and/or the new registered office address h 		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida Zip Code
	City	···r

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
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ective date, if other than the date of filing:(op reffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, the	tional) er filing.) Pur nis date will	suant to 6	— 05.020 sted a
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