L17000246382

(Re	questor's Name)	
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Lati	ohns Media	110		
SUBJECT: PLAT		ted Liability Company	20205	7: 1:5
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Latonia	Johnson Name of Person		
	clo Latjohn	15 Media 11(
	4050 Bigs	Sage Drive		
	atlanta, G	A 30349 City/State and Zip Code		
	lations OX	Oamail. ('Omo	tification)	
For further information co	ncerning this matter, please ca	ii: U		
Latonia	Johnson Person	at (770) 312 Area Code Daytin	-5817 ne Telephone Number	— —
Enclosed is a check for the	e following amount:			
☐ \$25.00 Filing Fcc	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filin Certificate Certified Co (additional co	of Status &

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

> RECEIVED SEP 0 3 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10.

<u>La-Johns</u> Triedla	
(Name of the Limited Liability Comp (A Florida Limited	pany ay it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Companifornida document number <u>L17000246382</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia Lations Enterprise L The new name must be distinguishable and contain the words "Limited Liab	LC.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4050 Bigsage Deive Atlanta JGA 30349
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Same as above) = -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Auth grized 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
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	than the date of filir	nd cannot be prior to da	ate of filing or more than		ng.) Pursuant to 605.0	
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in effective date is listed, to test the date inserted becament's effective date detective date described as delayer and specifies a delayer described as delayer	d in this block does not	State's records.	statutory filing requal at 12:01 a.m. on the	earlier of: (b)	The 90th day after	
ecord specifies a delayers filed.	d in this block does not e on the Department of	State's records.	statutory filing requal at 12:01 a.m. on the	earlier of: (b)	The 90th day after	
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