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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

**()**:

<b>UBJECT</b> :	Findheial [Name of Lin	Blue print Media Lo	((
he enclosed Articles of	Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section		
lease return all correspo	ondence concerning this matter	to the following:	
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Registration !	Section Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ring Media LLC
(A Florida Limited L	iability Company)
Articles of Organization for this Limited Liability Company ida document number <u>L 180001248</u> 2	were filed on
amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabi	lity company here:
Your Financia B new name must be distinguishable and contain the words "Limited Liability"	IVEPTINE, LLC  ty Company," the designation "L.L.C."
er new principal offices address, if applicable:  ncipal office address MUST BE A STREET ADDRESS)	18600 NW 87th AVE Hialegh, FC 33015 #108
er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX)	18600 NW 87 HAVE Higlegy FL 33015 #108
f amending the registered agent and/or registered office a it and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	2020 <b>\$E</b> P
New Registered Office Address:	Enter Florida street address
Registered Agent's Signature, if changing Registered Agent:	City Florida The Zip Clare
	rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
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tive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90.  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear iled.	lier of: (b) The 90th day after	the
September 17 2020		
Signature of a member or authorized representative of a member	per	