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	e Media, LLC.		
	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
	pondence concerning this matter	-	
	Dalton Flowers		
		Name of Person	
	Four One Media		
		Firm/Company	
	6316 Harbor Dr		
		Address	
	Hudson, FL 34667		
		City/State and Zip Code	
	fouronemediaco@gmail.co	om	
	E-mail address:	to be used for future annual report not	ification)
For further information	concerning this matter, please of	all:	
Dalton Flowers		813 4516510 at ()	
Name of Person		at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

TO:

Registration Section
Division of Corporations

ARTICLES OF ORGANIZATION OF

Four One Media, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/16/2018 and assigned Florida document number __L18000013202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Inviktus Media, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6316 Harbor Dr Enter new principal offices address, if applicable: Hudson, FL 34667 (Principal office address MUST BE A STREET ADDRESS) 6316 Harbor Dr Enter new mailing address, if applicable: Hudson, FL 34667 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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 $\stackrel{\sim}{lo}$ 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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date, if other than the over the date is listed, the date must he date inserted in this blo	date of filing: be specific and cannot be prior to date of filing to determine the applicable statuto partment of State's records.	ing or more than 90 days after filing.)	Pursuant to 60
	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The	90th day afte
July 2 i	Palton Flowe		

Filing Fee: \$25.00