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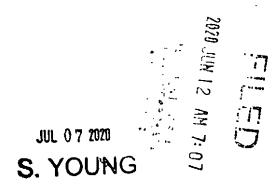
(Reque	estor's Name)
(Addre	ss)
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(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Filli	ng Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Key T	Name of Limit	Wedia Gayp Little Liability Company	<u>LC</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Micola Dix	Name of Person	
	Key Two Su	CESS Media (Carapell C
	945 W MICH	JAA AWO	6c
	Pensacola,	FL 32505 City/State and Zip Code	
	KCOXON Q Key-	WBUCCES . COW	fication)
For further information co	oncerning this matter, please ca	ull:	
Micale Dix	f Person	at (<u>SSO</u>) <u>375</u> Area Code Daytin	900 1 ne Telephone Number
Enclosed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~

Ney TWO SICCES M. (Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		08
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
		Florida Zip Code
	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 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
WW_	Keithina Micole Dixon	945W Michigan Ave 1	O C □Add
		Pensacola, FL 32505	Remove
			[Change
WW	Quanda J Pace	I Woodham Dr.	□Add
		Fort WaltenBeach, FC 3:35	5∪7 BERemove
			🖺 Change
			□Add
			□Remove
			DChange
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: (a 2020) (optional) lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (a listed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
the record cord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	Miche DixOV Typed or printed name of signee

Filing Fee: \$25.00