118000044357

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. DocuSign Envelope ID: 45A57CDC-CADC-46A7-80E7-36186A91AD69 **COVER LETTER** TO: Registration Section Division of Corporations Nelson Media Consulting LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Christina L. Hansen, CPA Name of Person Accounting & Tax Edge LLC Firm Company 864 1st Street S Address Winter Haven, FL 33880 City/State and Zip Code help@yourtaxedge.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christina L. Hansen 875-7853 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 DocuSign Envelope ID: 45A57CDC-CADC-46A7-80E7-36186A91AD69

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nelson Media Consulting LLC		
(<u>Name of the Limited Lia)</u> (A Flor	oility Company as it now appears on our recordida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number 1.18000044357	Company were filed on 02-19-2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
ResouTV1 LLC		
The new name must be distinguishable and contain the words "I.	amited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
3. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		r the name of the new registe
	-	
New Registered Office Address:	Enter Florida street addr	CSN CSN
	ļ.	lorida
	Cin	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.

DocuSign Envelope ID: 45A57CDC-CADC-46A7-80E7-36186A91AD69 transcribed managed and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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. Effective date, if of (If an effective date is list Note: If the date inso document's effective	erted in this block do	es not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) Pur equirements, this date will	suant to 605.0207 (not be listed as t
the record specifies a decord is filed.	clayed effective date.	but not an effective	time, at 12:01 a.m. on	he earlier of: (h) The 90	th day after the
Dated July 5	·	2022	·		
	nie Allson Signati				