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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
,	
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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT: M, lo	5 Media Name of Limi	Intertan Mai	t LLC
The enclosed Articles of Amer	idment and fee(s) are subr	nitted for filing.	
Please return all correspondence	e concerning this matter t	to the following:	
~	Enc	Miles Name of Person	
_		Firm/Company	
1	7326 R	Address	Dr.
<u>\</u>	w.nler Gard	en Floride ?	34787
	E-mail address: (t	tty Canail Con a	cation)
For further information concer	ning this matter, please ca		
Enc Mil	LS on	at (407) 603 -	- 177 Lo Telephone Number
		ŕ	·
Enclosed is a check for the following	owing 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our reco	nest, llc
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1800010925</u> 6	ere filed on <u>May</u>	15 t 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Company," the designation "LI	LC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE CRITATION OF THE AND THE AN	2015 NOV +8
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	te address on our recor	ds, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street addi	ress
		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 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>	<u>Address</u>	Type of Action
<u>Imbr</u>	Stephenie Eclk	2572 Orange Ridge Rd Clerment, Fr. 34715	S Add
		Clerment, 72. 34715	Remove
			□ Change
			🗆 Add
		 	Remove
			Change
			
			Remove
			Change
			D Add
		.	C Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change

. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(It an e	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Oct. 23 ^{r2} . 2019.
	Signature of a member or authorized representative of a member
	Enc Miles

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Filing Fee: \$25.00