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(Requestor's Name)
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COVER LETTER

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SUBJECT:	Gruhn	Media LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Name of Person	
	Gruh	n media LLC	
		Firm/Company	·
	6897	Philips PKLY Dr. A	<i>y</i> -
		Address	
	Jacksonu	ille, FL 32256	
		nt and fee(s) are submitted for filing. Chrom Sr. Name of Person Gram Media LLC Firm/Company 6897 Philips Pkwy Dr. N. Address JackSonville FL 32256 City/State and Zip Code 6446 @ 944 May com E-mail address: (to be used for future annual report notification) his matter, please call: Sr. at (904) 838-6583 Area Code Daytime Telephone Number g amount: 10 Filing Fee & \$55.00 Filing Fee & \$560.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
OF to C	gruhn SC. of Person	at (<u>904</u>) <u>838 -</u> Arca Code Daytim	6583 e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

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 I	_iability Compar	ny as it now appe	ears on our re	cords.		
The Articles of Organization for this Limited Liabi	_	were filed on _	05/29	12018	and as	signed
This amendment is submitted to amend the following						
A. If amending name, enter the new name of th	e limited liabi	lity company	<u>here</u> :			
Southeast Home Se The new name must be distinguishable and contain the word.	r کرردوج ک s "Limited Liabili	ity Company," the	designation "	LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicabl	6897	Philips	PKUY	DCIN		
(Principal office address MUST BE A STREET A	(DDRESS)			-ų-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	6897	Phil	1PS PK		. 2.
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off	fice address o		ords, <u>enter</u>		
Name of New Registered Agent:	0++0	Gruhn	Jr	- 13°	· -	
New Registered Office Address:	0897	Philips Enter Fl	PKLY. lorida street aa	D (. N)·	
	TOCKSO	City		. Florida	32256	7
-		City			Zip Code	**
New Registered Agent's Signature, if changing Deci	sterod 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>	Name	Address	Type of Action
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f an effective d <u>Note:</u> If the	te, if other than date is listed, the dat date inserted in the effective date on the	te must be specia his block does	tic and ca not mee	t the appli	icable stati	filing or me story filing	ore than 90 d	_ (optional) Lays after formula this continuity	ling.) Pur	suant to not be	605.0207 listed as
e record s The 90th	specifies a del day after the	ayed effecti record is f	ive dat iled.	e, but n	ot an eff	ective ti	me, at 1	2:01 a.	m. on t	he ea	rlier of:
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_		Signature	of a mer	nber or autl	norized repr	esentative of	of a member				

Page 3 of 3

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