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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp								
Aimed On L	.L.C							
SUBJECT:	Name of Limit	ted Liability Company						
The analogo Lagrician of	Amendment and fee(s) are subt	nitted for filing.						
	ndence concerning this matter t							
	John Branton							
		Name of Person						
	birec ADVERTISI	NE LLC						
		Firm/Company						
	3220 NE 7th PI							
		Address						
	Pompano Beach, FL 33062	·						
		City/State and Zip Code						
	john@b-free.us E-mail address: (to be used for future annual report no	ufication)					
For further information c	oncerning this matter, please c							
John Branton		215 582-8300 at ()						
Name o	r Person	Area Code Dayti	me Telephone Number					
Hnelosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	2 S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
<u>Majling Addre</u> Registration		Street Address: Registration S						
Division of C P.O. Box 63	Corporations		Division of Corporations The Centre of Tallahassee					
Tallahassee.			roe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aimed On LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	y were filed on <u>07/13/2018</u> and assigned				
Florida document number L18000169353					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liah	bility company here:				
WHETE BFREE ADVERT	FSING LLC				
The new name must be distinguishable and contain the words "Limited Liabr	thty Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	3220 NE 7th Pl				
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33062				
Enter new mailing address, if applicable:	3220 NE 7th Pl				
(Mailing address MAY BE A POST OFFICE BON)	Pompano Beach, FL 33062				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, 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
			Add
			□Remove
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			∐Remove
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record : i is filed	specifies a del L	ayed effective	date, but no	n an effecti	ve time, at	12:01 a.n	n, on the ea	rlier of: (b)	The 90th	day after the
03 Pated	3/04/2021			· TB	<u>.</u>					
	5'		Signature of a	inember or	authorized	representat	ive of a men	ihei		