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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Free Ame	ndment	- ,





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SECRETARY OF STATE

2018 AUG 10 AM 4: 22

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:Fi	-6+ C/465	Media LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Tyler	Smyzuk Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	- first C	class Media	<u></u>
		Firm/Company	
	303 A	Sbury way	
		Address	
	Boynton	Beach FL	33446
_	TSmy24k	Beach FL City/State and Zip Code C950 Ama, 1, com be used for future annual report notifica	<u> </u>
	E-mail address: (to	be used for future annual report notifica	tion)
For further information conc	erning this matter, please call	l:	
TYLER SM	YCUK	at (609) 833-	0703
Name of Pe	rson	Area Code Daytime To	elephone Number
Enclosed is a check for the fo	ollowing 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**

first class media	LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company with the Company of the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for this Limited Liability Company with the Articles of Organization for the Or	vere filed on <u>Augl</u>	UST 9th, 2018 ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability ZOOMSter LLC	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	ation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:	Ba		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRETARY TALLAHASSEE
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		r records, <u>enter the n</u>	amcon thernew
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City		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

Title	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			□ Change
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	TALL	878
	SECRETARY TALLAHASSEE	AUG .
	SSEE C	JG 10 AI
	F, FLO	10 AM 4: 22
	ORIDA	: 22
		
Effective date, if other than the date of filing: AU 945+ 10 44 2018 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	uant to 605,0207 (not be listed as th	3)(b) ne
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to). The 90th day after the record is filed.	he earlier of:	
Dated August 10th, 2018		
Signature of a member or outhorized representative of a member		
Tyler SMY ZUK Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00