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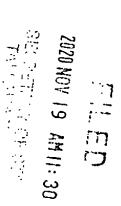
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J.A. 12/22/20

NORSTAR MEDIA GROUP 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: **GRANT WITT** Name of Person NORSTAR MEDIA GROUP LLC Firm/Company 13000 BARWICK RD Address **BOYNTON BEACH, FL 33436** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEVIN RIZZO Daytime Telephone Number Name of Person 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 & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

MODETAD MEDIA CROUDLIC

	NORSTAR MEDIA GROUP LLC			
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		_
The Articles of Organization for this Limited Li Florida document numberL18000219401	ability Company were filed on	09/14/2018	and a	assigne
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company h	ere:		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the o	fesignation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if application	able:		<u> 22</u> 28	
(Principal office address MUST BE A STREE	T ADDRESS)		20 2	
		: 		1 4
Enter new mailing address, if applicable:			9 R 1	TO O
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		<u>.</u>	<u>}</u>
B. If amending the registered agent and/or ragent and/or the new registered office addres		ecords, <u>enter the na</u>	ıme of the r	iew reg
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida street address		
		, Florida		
	City		Zip Coo	le

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	KEVIN RIZZO	4569 DANSON WAY	🗀 Add
		DELRAY BEACH, FL 33445	■Remove
			Change
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f an effective da Note: If the c	te, if other than the date of filing:
record special record is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated	NOVEMBER 3 2020
	Kenn Kings
	Signature of a member or authorized refresentative of a member
	KEVIN RIZZO