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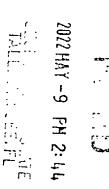
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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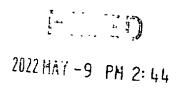
t 7/6/2022

COVER LETTER

	gistration Se vision of Cor		J		*
		K MEDIA, LLC	•		. •
SUBJECT:	•				
		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		LISSETT MARTINEZ, ES	SQ.		
			Name of Person		
		DISCHINO & SCHAMY,	PLLC		
			Firm/Company		
		4770 Biscayne Blvd., Su	ite 600		
			Address	•	
		Miami, FL 33137			
		Admin@dsmiami.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notificatio	n)
For further i	nformation c	oncerning this matter, please ca	all:		
Heather Le	igh		786 58	1-2542	
	Name o	f Person	at () Area Code	Daytime Tele	nhone Number
	Traine 5		· intu cout	zayımıc rene	priorite i unitect
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		Street A Registi	.ddress: ration Section	
Di	vision of C	Corporations	Divisio	on of Corpora	tions
	D. Box 632 Ilahassee, I			entre of Tallah I. Monroe Str	nassee eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LED TRUCK MEDIA, LLC

LED TRUCK HOLDINGS, LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
nter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	
Enter new mailing address, if applicable:	N/A
Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
THE TREE STORE OF THE TREE STO		Enter Florida stre	et 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
N/A	N/A	N/A	
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Page 2 of 3

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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	t be specific and cannot be pock does not meet the ap	plicable statutory fi	r more than 90 days a	ptional) fter filing.) Pursuant (this date will not b	o 605.020 e listed a
record specifies a delayed The 90th day after the reco		: not an effectiv	e time, at 12:0	1 a.m. on the ϵ	arlier o
APRIL 26 ted_	2022				
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→ /'.	/a C =				
Julie de Sa	<u>P. de Souza</u> _{002a (Apr. 28, 2027 16:21 EDT)} Signature of a member or a				_