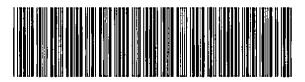
L18000 276610

(Re	equestor's Name)	
(Ad	idress)	
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(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(=-		-,
	A Division in a second	
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DEC 0 4 2020 D CONNELL



November 9, 2020

NATALIE KENNEDY 2224 ANDOVER CIRCLE PALM HARBOR, FL 34683

SUBJECT: ONE ACCORD MEDIA LLC

Ref. Number: L18000276610

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE ONLY FORM THAT CAN BE FILED TO REMOVE A DECEASED PERSON WOULD BE AN AMENDMENT FORM. PLEASE COMPLETE THE ATTACHED LLC AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 520A00022432

RECEIVED

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: ONE	ACCORD	Media LLC	
John Lett.	Name of Lim	nited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	NATALIE	KE NNEd Y Name of Person	
	ONE A	Firm/Company	LLC
	2224 /	MDOVER CIRCLE	و
		Address	· · ·
	Palm It	MROK, FLOKAL City/State and Zip Code	1x 34683
	RENEWA	1E 50 @ ItoTMA	7/ COM
	fi-mail address: ((to be used for future annual report not)	fication)
For further information conc	erning this matter, please c	call:	
NATALIE Ke	NNedY	at (G (3) 541 Area Code Daytime	Z 5 3 8 e Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Micaely Sert ON File	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION .OF

ONE ACCORD MELIA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL 18000276610	y were filed on <u>No w</u>	nu bea 30, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design:	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida st	reet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my c provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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 ren. wed from our records: A Me MGR = Manager AMBR = Authorized Member Address Type of Action Title Name MGR BARBARA KENNEDY 2224 ANDOVER CIRCLE DANS
PRIM HARBOR FL 34683 DREMOVE ____ _ ___ ___ Change _____ ___ ___ ___ __ ___ _ □Remove _____ Remove _____ □Add ____ □ Change ____ □Add ______ Change

__ _ _ Remove

_____ □Change

	From the Articles OF ORGANIZATION
	UNDER ARTICLE V.
	I AM REMOVING MGR BANBARA KENNED FROM The Anticles OF ORGANIZATION UNDER ANTICLE V. BANBARA KENNEDY PASSED AWAY
_	April 29, 2020.
_	
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_	
_	
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_	
-	
ffecti	we date, if other than the date of filing: (optional) service date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
ocum	
ocum	
recore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is file	

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