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COVER LETTER

TO:		ation Sec n of Corp		· •	
ermin			nce Media LLC		•
SUBJE	.CI:			aited Liability Company	,
The enc	closed Ar	ticles of A	amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all	correspon	dence concerning this matter	to the following:	
			Alan Perry		
				Name of Person	<u> </u>
			Digital Bounce Media LL	С	
				Firm/Company	
			3601 Abington Avenue Sc	outh	
				Address	
			St Petersburg, FL 337111		
				City/State and Zip Code	
			alanperry@digitalbouncem	edia.com to be used for future annual report	notification)
For furt	her infor	mation co	ncerning this matter, please c	·	,
Alan Pe	erry			727 851-2781	
		Name of	Person	at () Area Code Day	time Telephone Number
Enclose	d is a che	ck for the	following amount:		
	5.00 Filin		☐ \$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 radditional copy is enclosed)
		Address: ration So		<u>Street Address</u> Registration	
	_		ection orporations	Division of C	
		ox 6327			f Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F!L.ED 2021 OCT 26 AH 5: 15

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Digital Bounce Media LLC

SECRETARY OF TA<u>LLAH</u>ADDER, F

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

(71 Terror Ismired Is	aumy Company (
The Articles of Organization for this Limited Liability Company v	vere filed on 02/04/201	9	_ and assigned
Florida document number L19000034061			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	on "LLC" or the abbre	viation "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)			
intering duties with best for other body		•	_
B. If amending the registered agent and/or registered office ad	ddress on our records	, enter the name o	f the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Nino Discipland (NOTes Address)			
New Registered Office Address:	Enter Florida stree	n address	-
		Elanista	
	City	F101103	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my du vovided for in Chapte	ties, and I am fam r 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alan F. Perry	3601 Abington Avenue South	= Add
		St. Petersburg, FL 33711	□Remove
			□Change
MGR	Consucio Mackey	3601 Abington Avenue South	= Add
		St. Petersburg, FL 33711	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		-	□ Change
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	<u> </u>				
	 				
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	s block does not me	et the applicable	e of filing or more th statutory filing req	(optional) an 90 days after filing.) uirements, this date	Pursuant to 605,020 will not be listed a:
e record specifies a delayed effe rd is filed.	ctive date, but not a	n effective time.	it 12:01 a.m. on the	e earlier of: (b) The	90th day after the
Dated October 22		2021			
17	1,	\mathcal{J}_{a}			
1 /1 /	CUINS	4 _4			
	Signature of a mo	ember or authorized	representative of a r	nember	

Filing Fee: \$25.00