L19 0000 83 460

(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



300336618333

11/13/13--018/8--807 **66.08

TO NOT 13 WH SELL

DEC 1 2 2019 C MCNAIR

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Brewing With Bab LLC 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:					
Please return all correspondence concerning this matter to the following:					
Zuchary Moure Name of Person					
Firm/Company					
· ·					
147 8th Avenue N Apt 3					
Saint Peterstary flurida, 33701					
Moore medialle and local. Com E-mail address: (to be used to future annual report notification)					
For further information concerning this matter, please call:					
Zuchary Marc Name of Person at (662) 722 = 3825 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\Bigcup \text{S55.00 Filing Fee & 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

12

Drewing With	13ch LCC - 13 86
	ompany as it now appears on our records.) uted Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on March 26, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Moore Media LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Sunt Peterstary Florida, 33701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Just Petersturg Flurida, 33701
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the pev</u> <u>s here</u> :
Name of New Registered Agent: 503 New Registered Office Address: 147	stine Senkins 8th Avenue N Apt 3 Enter Florida street address
Suin	Enter Florida street address + Petrstary Florida 3370 City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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.

Changing Registered Agent, Sunature of New Registered Agent

Page 1 of 3

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 **Type of Action** Title Name <u>Address</u> 227 6th Avenue N ___ add Robert Carskadun Saint Petersturg FL, 37701 X Remove _□ Chánge 147 8th Avenue N XAdd MGR Zachary Moure Saint Peterstary FL, 33701 @ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove □ Change □ Add ☐ Remove Change

□ Add

☐ Remove

_□ Change

_		
_		
_		
_		
_		
_		
_		
an effec <u>ote:</u> I	re date, if other than the date of filing:	207 as
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
ited _	11/8/19	
	Signature of a member or authorized representative of a member	
	Zachary Scalf Marc Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00