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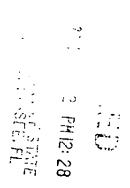
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COVER LETTER

TO: Registration Section , Division of Corporations		
SUBJECT: PROSPER The Right	nt Way Adverti-	sing Agency LL
The enclosed Articles of Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
,	Tackson Name of Person	
	ng Media Uni	inited
3140 NW 1	58th street	_
Miam i Ga	redens, FL 33	054
•	City/State and Zip Code City/State and Zip Code (to be used for future annual report with	
For further information concerning this matter, please of	call:	
Yuwana Jackson Name of Person	at (<u>407</u>) <u>202</u> Area Code Daytime	- 0332 e Telephone Number
Enclosed is a check for the following amount:		
\$25,00 Filing Fee \$\sum \text{S30,00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327	Division of Cor The Centre of T	
Tallahassee, FL 32314		e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900096194</u>	were filed on April 8, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Advertising Media The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Miami Cardens, FL 33054
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3140 NW 158th street Miami Cardens, FI 33054
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	FEE 28
New Registered Office Address:	Enter Florida street address
	, Florida
	Circ Zin 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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
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			Change
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		<u> </u>	□Change

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Note: If the	ate, if other than the date of filing; date is listed, the date must be specific and cannot be prior to date; date inserted in this block does not meet the applicable st effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 natutory filing requirements, this date will not be listed as the
he record spec ord is filed.	cities a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 16. 2021	
	Justaira Jacks. Signature of member or authorized to	representative of a member
		representative of a member

Filing Fee: \$25.00