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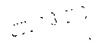
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Registration Section Division of Corporations

TO:

MEDIA F	BY ANNA LLC.		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ANNABEL MEJIA		12 12 12 12 12 12 12 12 12 12 12 12 12 1
		Name of Person	¥
	MEDIA BY ANNA LLC		
	· .	Firm/Company	
	20004 NW 78 PLACE		
		Address	
	HIALEAH, FL 33015		
	HELLO@MEDIABYAN	City/State and Zip Code NA.COM	 -
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
ANNABEL MEJIA		786 556-3701	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$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 (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF ORGANIZATION OF

MEDIA BY ANNA LLC.

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

The Articles of Organization for this Limited Lia Florida document number		APRIL 11, 2019 and assig
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company	y here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or the new registered office.)	r registered office address	on our records, enter the name of
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of
AMBR	ANNABEL MEJIA	20004 NW 78 PLACE.	
		HIALEAH, FL 33015	Add
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			= 0.
MGR	ANNABEL MEJIA	20004 NW 78 PLACE,	Char
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(If an effective Note: If the	date is listed, the date date in t	n the date of filing: te must be specific and c his block does not me the Department of Sta	cannot be prior to date set the applicable st	of filing or more than satutory filing require	(optional) 90 days after filing.) Puements, this date will	rsuant to 605. I not be liste
f the record (b) The 90t	specifies a del h day after the	ayed effective da e record is filed.	ite, but not an e	effective time, a	t 12:01 a.m. on	the earlie
JUN	8E 11		2019			
Dated		<u></u> .				
_		(One				
	ANNABEL MEJI		ember or authorized r	epresentative of a men	nber	_
_		 	yped or printed name	onf cinnon		
		1	Spea or printed name	or signed		

Page 3 of 3

Filing Fee: \$25.00