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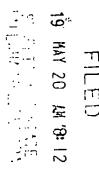
Office Use Only



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S. YOUNG



COVER LETTER

TO: Registration Section Division of Corpora	n jy: ations		
SUBJECT:	edia T Name of Limited	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	tted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Theodor	heonard Name of Person	
-		Firm/Company	
	1448 G	ailwood Circle	<u></u>
	Jackson V	Tille Flordia City/State and Zip Code	32218
_	E-mail address: (to	86 o gol. com be used for future annual report notification	on)
For further information conce	erning this matter, please call	:	
Theodore Name of Per	heonard	at (<u>904)</u> <u>697 -</u> Area Code Daytime Tele	6464 ephone Number
Enclosed is a check for the fo	ollowing 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)

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 1900012 19 1.5</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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 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 removed from our records:

MGR = Manager AMBR = Authorized Member

	<u>Title</u>	<u>Name</u>	Address	Type of Action
Ø	MGR	Theodore Leona	rd 1448 Gailwood	einele □Add
			C EO MGR	Premove
			MGR_	Change
				Add
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				Change

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Filing Fee: \$25.00