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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	UVE Comr	nunications LLC		
SUBJI	ECT:		•	
		Name of Lim	ited Liability Company	
The en	closed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
		Jarrod Holbrook		
			Name of Person	
			Firm/Company	
		4414 W San Miguel St.		
		Tampa, FL 33629	Address	
		tvinvestigator@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report noti	fication)
For furt	her information cor	ncerning this matter, please ca	aH;	
Jarrod	Holbrook	!	239 851-8895	
_	Name of I	Person	at () Area Code Daytime	e Telephone Number
Enclose	d is a check for the	following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Cerlificate 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UVE Communicat	ons LLC			
( <u>N</u>	ame of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for	this Limited Liability Comp	any were filed on		_ and assigned
Florida document number				
This amendment is submitted to a	mend the following:			
A. If amending name, enter the	new name of the limited l	liability company here:		
Bronzite Media Group LLC	-			
The new name must be distinguishable	and contain the words "Limited L	iability Company," the designation	"LLC" or the abbrev	lation "L.L.C."
Enter new principal offices add	ress, if applicable:		ဟ	26
Principal office address MUST	BE A STREET ADDRESS	2	TAL	(_ wrva
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<ol> <li>If amending the registered a gent and/or the new registered</li> </ol>	gent and/or registered offic	ce address on our records, <u>c</u>	enter the name of	the new registe
gent and the new registered	onice address here:			
Name of New Registere	d Agent			
New Registered Office	<u>\ddress:</u>	Enter Florida street c		
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	<del>-</del>	City	_, Florida	in Code
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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

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ecord specifies a dela is filed.	ayed effective date, b	ut not an effective tii	me, at 12:01 a.m.	on the earlier of: (	b) The 90	th day aft	er th
ted July	20	2021					
-6	Signature	of a member or autho	rized representative	of a member			