2/E/24, 8:24 AM

Division of Corporations

## 

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SECULATION

SUBJECT:

Division of Corporations
Fax Number : (850)617-6383

Account Name : MARKO & MAGOLNICK, P.A.

Account Number : I20050000186
Phone : (305)285-2000
Fax Number : (305)285-5555

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Corporateservices@mm-pa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-OCTULION MEDIA LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(((112 1000000000 5)))	

	Or		
0.000			
Octillion Media, LLC			
(A Florida	ty Company as it now appears on our rec a Limited Liability Company)	व्यक्ति)	
The Articles of Organization for this Limited Liability C	ompany were filed on 08/13/2019	and assigned	
Florida document number L19000208343		वर्गण क्षत्राधारव	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
T and G Resolution, LLC	***		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I	I C" or the abbreviation "I fact "	
Enter new principal offices address, if applicable:		1024F	
(Principal office address MUST BE A STREET ADDR	ESS	- Pi - II	
		C) Pro	
_		in 🚾 head	
Enter new mailing address, if applicable:		The on	
(Mailing address MAY BE A POST OFFICE BUX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:			
Name of New Registereo Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agreeing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I j mplete performance of my duties, c ent as provided for in Chapter 605	and I am familiar with and S. F.S. Or. if this document is	
	If Changing Regulered Agent, Signature	of New Resistered Agent	
	S S W B		
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## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000050063 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	GREENBERG, GABRIEL	7155 TRENTINO WAY	□Add
•		BOYNTON BEACH, FL 33472	
		·	
AMBR	GREENBERG, TINA M	7155 TRENTINO WAY	□∧dd
		BOYNTON BEACH, FL 33472	∃Remove
MGR	MGR GREENBERG, GABRIEL S.	7155 TRENTINO WAY	<b>≅</b> Add
		BOYNTON BEACH, FL 33472	□Remove
			□Change
			ddd
			[] Change
<del></del>			∐∧dd
		□Remove	
			□ Change

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. If amending any other information	on, enter change(s) here: (Attach add	itional sheets If necessary)
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-		·
	<u> </u>	<u> </u>
A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-		
Effective has 15 at 1		
Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605,0207 (3) ing requirements, this date will not be listed as the
he record specifies a delayed ef The 90th day after the record	ffective date, but not an effective lis filed.	time, at 12:01 a.m. on the earlier of:
Dated February 5	2024	
<del></del>	ALW.	
Sig	nature of a member or authorized representative	c of a momber
Gabriel S. Greenberg		
and to the Official R	Typed of printed name of signee	
	• • • • • • • • • • • • • • • • • • • •	
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