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TO:

Registration Section

Division of Corporations Bonafide Innovative Marketing LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lexie Rivers Name of Person Prime Corporate Services Firm/Company 12226 S. 1000 E., Ste #3 Address Draper, UT 84020 City/State and Zip Code benbonifaciol@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 577-4639 Lexic Rivers 855 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bonafide Innovative Marketing LLC	一声は モ
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed on 09/03/2019 Florida document number L19000223489	All and assign CRIUA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	,
Bonafide Media LLC	,
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.)
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, enteregistered agent and/or the new registered office address here: Name of New Registered Agent:	r the name of
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or being filed to merely reflect a change in the registered office address. I hereby confirm that the I company has been notified in writing of this change.	familiar with a r, if this docume
If Changing Registered Agent, Signature of New I	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person be or removed from our records: MGR = Manager AMBR = Authorized Member Type of. <u>Address</u> <u>Name</u> <u>Title</u> □Add _□|Remc Chang _ |√qqq Remo _□ Chang □Ådd _□ Remov _□ Change _□ Aˈdd □ Remove _ Change _□ Remove _ Change □ Add

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an eft lote:	ive date, if other than the date of filing:
The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.
	Signature of a member or authorized representative of a member
ated	
ated	Benjamin J. Bonifacio Signature of a member or authorized representative of a member
ated	Benjamin J Bonifacio Benjamin J Bonifacio

Page 3 of 3

Filing Fee: \$25.00