(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/15/2020	++U	ALK IN**
ENTITY NAME AHA ME	DIA LLC	··
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	
P!	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	_
	Certified Copy of Arts & Amendments Certificate of Good Standing	_
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION	TES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so much,	/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aha Media LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned and assigned
Florida document number 1.19000245772	
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" after new principal offices address, if applicable: principal office address MUST BE A STREET ADDRESS) after new mailing address, if applicable: 690 Main St PMB10070 Safety Harbor, FL 34695 Author new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	690 Main St PMB10070
(Principal office address MUST BE A STREET ADDRESS)	Safety Harbor, FL 34695
Enter new mailing address, if applicable:	690 Main St PMB10070
(Mailing address MAY BE A POST OFFICE BON)	Safety Harbor, Fl. 34695
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	
	Emer 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 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>	<u>Address</u>	Type of Action
AMBR	Donald E Cummings JR	3177 Lake Pine Way	
		Tarpon Springs, FL 34688	
			Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Changes

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ctive date, if other than t	the date of filing:		(optional)	
effective date is listed, the date in this	must be specific and cannot be pri s block does not meet the appl	ior to date of filing or more licable statutory filing a	e than 90 days after filing.) Pursu confirements, this date will n	iant to 605 0. of be listed
	: Department of State's record			
	ed effective date, but r	not an effective tin	ne, at 12:01 a.m. on th	ie earlier
ne 90th day after the r	ecora is filea.			
. 12-15	2020			
ed	. 2020	·		
110 11-0				
/s/ Donald E Ci	ummings JR			
ISI Donald E C	UMMINGS JR Signature of a member or aw	thorized representative of	a member	

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Filing Fee: \$25.00