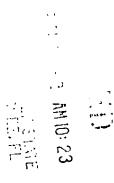
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(Re	equestor's Name)	<del></del>
(Ac	ddress)	
(Ac	idress)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Ďo	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## Sunshine State Corporate Compliance Company

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

DATE 6/2/2021	£\$	WALK IN**
ENTITY NAME JONNY	MEDIA LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
<u> </u>	Plain Copy  Certified Copy  Certificate of Status	17 16 · .
**Pi	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 CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so muc	ch!

# COVER LETTER

	gistration Serision of Cor			
		ntive Studio LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Mike Sevik		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkcrest Drive Suite	: 207	
			Address	
		Austin, Texas 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		·
For further i	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual reportable:	a notification)
ZenBusines	s c/o Mike S	evik	844 493-62	49
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is	a check for th	ne following amount:		
€ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ulling Addres		<u>Street Addre</u> Registration	
Di	vision of C	orporations	Division of	Corporations
	O. Box 632 Ilahassee, I			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barnes Creative Studio LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	<del></del>
he Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
orida document number 1.19000250815		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
onny Media LLC		
only wiedla File.  ne new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.I. C."
nter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		
		:.1
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		
		,
. If amending the registered agent and/or registered office	address on our records, enter th	ie name of the new regis
ent and/or the new registered office address here:	undiess on our records and anti-	777
		M110: 21
At the CAN CONTRACT OF THE CONTRACT OF THE CAN		7 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	ida 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 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
AMBR	Jonathan Barnes	7051 Deer Lodge Cir Apt 106	∏Add
		Jacksonville, FL 32256	
			10 m
			DAdd
			lyp y very . □Remove
			. 1 ∐Change
. ———			
			FRemove
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			LIChange
			Eladd
			. 3 □Remove
			□ □ Change
			LJRemove
			######################################

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specific and cannot be prior to does not meet the application	to date of filing or m	g requirements, thi	s date will not be liste	0020 ed a
te of filing:		ore than 90 days after	filing.) Pursuant to 605	
		(opti	onal)	
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Filing Fee: \$25.00