Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000140208 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 : (512)597-0678

Fax Number

Effter the email address for this business entity to be used for future ##2Cannual report mailings. Enter only one email address please.

Effter the email address for this business entity to be used for future ##2Cannual report mailings. Enter only one email address please.

Effter the email address for this business entity to be used for future ##2Cannual report mailings. Enter only one email address please.

***Effter the email address for this business entity to be used for future ##2Cannual report mailings. Enter only one email address please.**

***Cannual report mailings.**

***Cannual r

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JONNY MEDIA LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Hem LEMIEUX APR 1 8 2024

Page: 2 of 4

2024-04-18 07:50:05 UTC+14

18506176383

From: ZenBusiness User H24000140208 3

ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION JONNY MEDIA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company wer Florida document number <u>L19000250815</u> .	e filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Barnes Creative Studio LLC		
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "1.1.C" or the	abbrevation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2C24 A
(Mailing address MAY BE A POST OFFICE BOX)		: 1
_		<u></u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, ent	
Name of New Registered Agent:	***************************************	
New Registered Office Address:	Emer Floridastraet address	
	Florida	

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.

Cny

If Changing Registered Agent, Signature of New Registered Agent

ZipCode

MGR = Manager

To:

Page: 3 of 4 2024-04-18 07:50:05 UTC+14 18506176383 From: ZenBusiness User ff amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our research. or removed from our records:

AMBR = A	AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
			☐ Remove			
			Change			
array and the tab						
			□ Remove			
			☐ Change			
.						
			☐ Remove			
			☐ Change			
			D Add			
	-		Remove			
			□ Change			
			🗀 Add			
		Rem	☐ Remove			
			Change			
	·····					
			☐ Remove			

_□ Change

	Page: 4 of 4 ing any other inform	2024-04-18 07:50:05 UTC÷14 ation, enter change(s) here: <i>(Attoch ad</i>	18506176383 Iditional sheets, if necessary,	From: ZenBusiness
			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
_				
			-	
		PARTICIPATE AND ADMINISTRATION OF THE PARTICIPATE AND ADMINISTRATION O		
			· · · · · · · · · · · · · · · · · · ·	
A				مه کی مصلحت پیشان پیشان در پیشان کار در این است.
addinates				Marie Marie Marie Marie Anno Anno 2
~				
Note: If the	ic date inscried in this I	e date of filing: Ist be specific and cannot be prior to date of filing of the document of statutory department of State's records	(optional) or more than 90 days after filing.) P filing requirements, this date w	fusuant to 605,0207 (3)(b) fill not be listed as the
	I specifies a delaye th day after the re	ed effective date, but not an effective cord is filed.	ve time, at 12:01 a.m. o	n the earlier of:
Dated Apr	il 12	. 2024		
	/s/Jonathan Barnes			
	Jonathan Barnes	Signature of a member or authorized represent	auve of a memoei	
	AMERICAL DRIFTIES	Typed or printed name of signo	ec	

Page 3 of 3

Filing Fee: \$25.00