## L19000257479

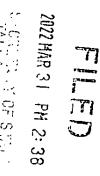
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Special Instructions to	Filing Officer:	
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Office Use Only



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Y. SCOTT APR 16 2022

## **COVER LETTER**

	istration Se ision of Cor							
	LENOVAT	TONS MEDIA, LLC		•				
SUBJECT:		Name of Lim	ited Liability Company	•				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for liling.					
Please return	all correspo	ondence concerning this matter	to the following:					
		JEFFREY DELVA						
			Name of Person					
		LENOVATIONS MEDIA	LLC	-:[] -:[]	202			
			Firm/Company	[=[:	2 KA	Carry Carry		
		6421 N. Florida Ave. D-15	331	   1557   1547   1547	2022 KAR 3 I			
			Address	00 C	- D	$\Pi$		
		TAMPA, FL 33604		S. C.	1 2: 3			
			City/State and Zip Code	:51	88			
		JEFF@JEFFDELVA.COM		····				
For further in	iformation c	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	fication)				
JEFFREY D			786 6608712					
	Name o	f Person	at () Area Code Daytim	ie Telephone Number				
Enclosed is a	check for th	he following amount:						
□ \$25.00 F	iling Fee	ng Fee			z of Sta Copy	itus &		
	ling Addres		<u>Street Address:</u> Registration Se	ction				
Div	ision of C	lorporations	Division of Co	Division of Corporations				
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Lal	lahassee.	F1. 54314	2415 N. Monro	e Street, Suite 81	()			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LENOVATIONS MEDIA, LLC			
(Name of the Limited Lia (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liabilit Florida document number 1.19000257479	y Company were filed on 10/14/2019		and assigned
This amendment is submitted to amend the following	<u>;</u> :		
A. If amending name, enter the new name of the	limited liability company here:		
DELVA MEDIA, LLC		·~ [	2 2
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	LC" or the abbres	ration "L.L.C."
Enter new principal offices address, if applicable:			70 mm
Principal office address MUST BE A STREET AD	ODRESS)		— I
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		1 ****	V)
Enter new mailing address, if applicable:		177	ယ ထ
Mailing address MAY BE A POST OFFICE BOX			
		· <u> </u>	-
B. If amending the registered agent and/or registe		er the name of	the new regist
igent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	lress	_
		Florida	
_	City		Lip 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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