## L20000003333

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## **COVER LETTER**

TO:

Registration Section

Division of Corporations						
our in on	SWS Media Management LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please returr	all correspo	ndence concerning this matter	to the following:			
		Abigail Pearson Grace				
	Name of Person					
	SWS Media Management LLC					
	Firm/Company					
		6653 Tanglewood Bay Dr APT 2114				
	Address					
		Orlando FL 32821				
			City/State and Zip Code			
		shootwithscarlet@gmail.com				
		E-mail address: (	to be used for future annual report not	tification)		
For further i	nformation c	oncerning this matter, please ca	all:			
Abigail Pea	rson Grace		518 5609302 at ( )			
Name of Person			Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:  Designation Soution		<u>Street Address:</u> Registration Se	oction			
Registration Section Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWS Media Management 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 were filed on 12/23/2019 and assigned Florida document number 1.20000003333 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Abiguil Grave

6653 Taylewad Bay Dr. #2114

Enter Florida street address

Oclado Florida 32821

City Zip Code Name of New Registered Agent: New Registered Office Address:

## 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
MGR	Sean Matthew Miller	6653 Tanglewood Bay Dr APT 2114	□Add
		Orlando FL 32821	■Remove
			□Change
		. <del> </del>	
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del>.</del>		□ Add
			□ Remove
			□ Change
	<del></del>	-	□Add
			□Remove
		<u></u>	□Change
			□Add
			Remove
			□Change

Typed or printed name of signee