Rhorida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

: (855)330-1010 Fax Number

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⊒∰mail Address:<u> </u> ≟≝

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRK Media LLC		NG 20			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	20 万			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000006861</u> . This amendment is submitted to amend the following:	were filed on <u>01/09/20</u>	and assigned			
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	15390 NE 6 AVE APT# 410				
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach, FL 33162				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15390 NE 6 AVE APT# North Miami Beach, FL				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registere			
Name of New Registered Agent:					
New Registered Office Address:	Enter 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 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>	Name	Address	Type of Action
AMBR	Rick Fleur	15390 NE 6 AVE APT# 4	10 _{□Add}
		North Miami Beach, FL 33162	□Remove
			🖾 Change
			□Add
			Remove
			□Change
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Affective date, if other than the date an effective date is listed, the date must be space. If the date inserted in this block document's effective date on the Department.	pecific and cannot be prior loes not meet the applic	abłe statutory film	ore than 90 days afte	onal) r filing.) Pursuant to 605. is date will not be liste
record specifies a delayed effective dated is filed.	e, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (I	b) The 90th day after
August 20	2021	·		
	ature of a member or auth	d	£	
Sign	ature of a member or auth	orizea representative	ora member	

Filing Fee: \$25.00