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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

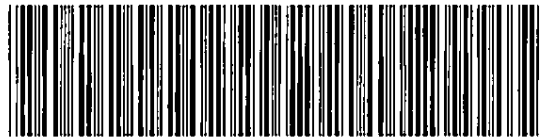
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

AS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YOLO Media Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marion J Oglie

Name of Person

YOLO Media Group, LLC

Firm/Company

4518 Lady Hawk Way

Address

Melbourne, FL 32904

City/State and Zip Code

yolomediagroup1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion J Oglie

Name of Person

321

at ()

Area Code

5780875

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

STATE OF FLORIDA
TALLAHASSEE, FL

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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>	<u>Type of Action</u>
MGR	Barry Lynn Ogline	4518 Lady Hawk Way	<input type="checkbox"/> Add
		Melbourne, FL 32904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE
TALLAHASSEE, FL

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 13 2023 ¹⁴

Typed or printed name of signee

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SECURITY OF STATE
TALLAHASSEE, FL

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Filing Fee: \$25.00