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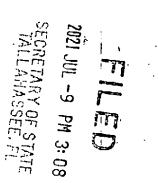
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7/29/21

COVER LETTER

TO:

FO: Registration Se Division of Cor				
Us V. Every	rbody LLC			
SUBJECT:	Name of Lim	ited Liability Company		
				1
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		1
	William Louis			
		Name of Person		
	LLC			
		Firm/Company		1
	3180 Nw 63rd St		2021 JU SECRE	
		Address	L AIR	Company of the Compan
	Fort Lauderdale, FL 33309)	ASSET	
	nine54media@gmail.com	City/State and Zip Code	M 3: 08	
	E-mail address: (to be used for future annual report notification)	~~~~ i ∞o	lar -
For further information c	oncerning this matter, please ca	all:		,
William Louis		954 683-3893 at ()		
Name o	f Person	Area Code Daytime Telephone	Number	•
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0,00 Filing Federificate of Street Copy additional copy is a	atus &
Mailing Addres		Street Address:		1
Registration S		Registration Section		1
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	P	
Tallahassee, l		2415 N. Monroe Street, S		
i anamadoo, i	W 0 M 0 1 1	Tallahassee, FL 32303	010	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Us V. Everybody LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our recort Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab	pility Company were filed on 01/11/2020	and assigned
Florida document number L20000019186	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Nine54 Media LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	ICR J
(Principal office address MUST BE A STREET	ADDRESS)	24
		ASSO P TI
Enter new mailing address, if applicable:		# 0 B
(Mailing address MAY BE A POST OFFICE B	<u> </u>	.m. 00
B. If amending the registered agent and/or reg	gistered office address on our records, <u>ente</u> s	r the name of the new regi
agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		:
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	lorida

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			_ 🗆 Add
			Remove
			_ DChange
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Effective date, if other than the (if an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot block does not meet the	applicable statutory	or more than 90 days after	t ional) er filing.) Pursuant t iis date will not b	ာ့် 605.0207 (3)(b)
ne record specifies a delayed effection of is filed.	ve date, but not an effe	ctive time, at 12:01	a.m. on the earlier of: ((b) The 90th day	y after the
Dutad July 5th	2021				i
Dated	•	· · · · · · · · · · · · · · · · · · ·			1
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Typed or printed name of signee