## LZC UCCC 29553

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S. YOUNG

## . COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	A alpho Name of Lim	Media LLC ited Liability Company	<del></del> .
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Ge	Innie Crespo Name of Person	
	A	alpha Media LLC Firm/Company	•
	847	17 Lake Amhurst Address	trail
	Orlan	City/State and Zip Code	1
	E-mail address: (	gelnnie Crespo @q	mail.com fication)
For further information co	ncerning this matter, please ca		
Gelnni Name of	e Crespo Person		1 · 0670 e Telephone Number
Enclosed is a check for the	e 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 S Division of Co	ection	Street Address: Registration Sec Division of Cor	

P.O. Box 6327 Tallahassee. FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nume of the Limited Liability Compar	1 delia LLC 3
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000029553</u> .	
This amendment is submitted to amend the following:	6: 14 6: 14
A. If amending name, enter the new name of the limited liabi  Thrice You  The new name must be distinguishable and contain the words "Limited Liability".	or Gum LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7620 Harbor Lake Drive Orlando, Florida 32822
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7620 Harbor Lake Drive Orlando, Florida 32822
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
			🗆 Add
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			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of h