LZO 0000 32158

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COVER LETTER

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	ition Section of Corporations	ę.
	rida Fine LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are sub	omitted for filing.
Please return all c	correspondence concerning this matter	to the following:
	Roman Kovalchuk	
		Name of Person
	Florida Fine LLC	
		Firm/Company
	PO BOX 69	
		Address
	Lake Worth Beach, FL 33	460
		City/State and Zip Code
	info@floridafine.com E-mail address: ((to be used for future annual report notification)
For further inform	nation concerning this matter, please c	
Roman Kovalcht	ık	833 FLOFINE
	Name of Person	at () Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000032158	y were filed on 01/27/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
FLORIDA FINE MEDIA GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MO CHOUSE T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MO SEE STATE 128 PH 4: 29
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	winge
New Registered Office Address:	Entity Vorida street address
<u></u>	, 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 Changing Registered rigent, 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
			□ Add
		.	□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			bbAC
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an effective da lote: If the d	e, if other than the is listed, the date me ate inserted in this before the listed on the listed in	ust be specific a block does not	nd cannot be pr meet the app	licable statutor	ng or more than 90 da		
record specif is filed.	ies a delayed effect	ive date, but n	ot an effective	e time, at 12:01	a.m. on the earlie	r of: (b) The 90	th day after the
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		Signature of	a member or au	ithorized represe	ntative of a member	Since	2020
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