K20000041882

(Requestor's Name)	
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(City/State/Zip/Phone #	7)
PICK-UP WAIT	MAIL
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(Document Number)	
Certified Copies Certificates o	f Status
	
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COVER LETTER

	gistration Se vision of Cor			
OUR INCE	Bagburn M	edia LLC		
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	endence concerning this matter	to the following:	
		Casey Bagby		
			Name of Person	<u> </u>
		Bagburn Media LLC		
Firm/Company 1522 Penman Road				
		Jacksonville Beach, FL 32	250	
			City/State and Zip Code	
		casey@boldbrandsjax.com		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please co	all:	
Casey Bagl	by		904 2534868	
	Name o	f Person	at ()Daytin	ne Telephone Number
Enclosed is	a check for the	he 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)
	ailing Addres		<u>Street Address:</u> Regist ation So	ection
Registration Section Division of Corporations		-	Division of Corporations	
P.	O. Box 632	27	The Centre of	Tallahassee
Ta	allahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bagburn Media LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it nov appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 02/05/2020	and assigned
Florida document number L20000041882	<u></u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
Ashby Social LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(DECC)	
		
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
-		
3. If amending the registered agent and/or registere	ed office address on our records, enter th	e name of the new registo
gent and/or the new registered office address here:	•	
Name of New Registered Agent:		
Name of New Registered Figure.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 Agent, Signature of New Registered Agent

Page 2 of 3

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ote: If the date inserted in this	he date of filing:nust be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 days aft	
record specifies a delay The 90th day after the re	ed effective date, but not a ecord is filed.	an effective time, at 12:01	a.m. on the earlier o
June 22	2021		Çā,
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ated	-		
ated CB	Signature of a member or authorize	zed representative of a member	