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Office Use Only



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6/23/21

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Gunn Medi	a LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Janet Perkins		
		Name of Person	
	Gunn Media LLC		
		Firm/Company	
	Name of Person		
		Address Street Address: Registration Section Division of Corporations	
	Tampa / Florida / 33626		
		City/State and Zip Code	
	- - -		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
Janet Perkins			
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fcc		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gunn Media LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Clab	mty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 120000055111	re filed on Feb. 18, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provided to merely reflect a change in the registered office additionable company has been notified in writing of this change.	formance of my duties, and I am vided for in Chapter 605, F.S. Or	familiar with and , if this document is
		. 1

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>	Address	Type of Action
AMBR	Skyler Rivers	7853 Gunn Hwy, Suite 183	⊞∧d d
		Tampa, Florida 33626	□ Remove
			☐ Change
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n effective date is listed, the date must b	e specific and cannot be prior	to date of filing or more th	(optional)	want to 605 020'
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cument's effective date on the Dep.	artment of State's records.			
cord specifies a delayed effective of	late, but not an effective tie	me, at 12:01 a.m. on th	e carlier of: (b) The 90th	h dav after the
is filed.			, ,	
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May 12th	2021			
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Filing Fee: \$25.00