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COVER LETTER

Division of Cor	rporations			
	teting Miami, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
•	Č	J		
	Jeffrey L. Baxter, Esq.			
		Name of Person		
	Jeffrey L. Baxter, P.A.			
		Firm/Company		
	One Datran Centre, 9100 S	S. Dadeland Blvd., Suite 700		
		Address		
	Miami, Florida 33156			
		City/State and Zip Code		
	JBaxter@BeLaw.net			
	E-mail address: (to be used for future annual report notif	fication)	
For further information e	oncerning this matter, please c	all:		
Jeffrey L. Baxter, Esq.		305 639-8833		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status &
				2020 174

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quad Marketing Miami, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 26th, 2020 and assigned Florida document number L20000063424 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Quad Digital Media, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
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(If an eff	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	March 3rd . 2020
	Signature of a member or authorized representative of a member
	CONY Frough Wood Typed or printed name of signce

Filing Fee: \$25.00