K20000086598

(Requestor's Name)
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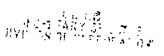
TO: Registration S Division of Co			
	ia Advanced Solutions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Brian Hammontree		
		Name of Person	
		Firm/Company	
	489 Carolyn Dr		
		Address	
	Oviedo. Fl 32765		
	pigsandtwigs72@gmail.cor E-mail address: (City/State and Zip Code n to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Brian Hammontree		407 223-4468	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of		Street Address: Registration Se Division of Co	
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION HAVE THE TANK OF THE PROPERTY OF THE



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Data Media Advanced Solutions 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 Comp. Florida document number L20000086598	any were filed on March 20,2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company horo
O Deterie C 1.1.1	
The new name must be distinguishable and contain the words "Limited Lie	skilling o
The new name must be distinguishable and contain the words "Limited Lie Enter new principal offices address, if applicable:	489 Carolyn Dr
(Principal office address MUST BE A STREET ADDRESS)	Oviedo, Fl 32765
Enter new mailing address, if applicable:	489 Carolyn Dr
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FI 32765
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	
omee Address.	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p scept the obligations of my position as registered agent as pr sing filed to merely reflect a change in the registered office a suppany has been notified in writing of this change.	

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
			
			□Remove
			Change
			□Add
			□Remove
			Change
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an effe <u>ote:</u>	e date, if other than the date of filing:
record is file	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 delayed effective date.
ited_	May 6 2020.
	Signature of a member or authorized representative of a member