L20000 109943

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COVER LETTER

TO: Registration So Division of Cor				
RetroPop N				
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:		
	Maribel Piza			
		Name of Person		
	RetroPop Media			
		Firm/Company	.	
	2699 Stirling Rd, Suite B-	301		
		Address		
	Ft Lauderdale, FL 33312			
		City/State and Zip Code		
	maribel@retropopmedia.co			
For further information c	e-mail address: (concerning this matter, please c	to be used for future annual report notificall:	cation)	
Maribel Piza		786 779-4054		
Name o	ri Person		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)	
Mailing Addres Registration 9		Street Address: Registration Sect	tion	
Division of C		Division of Corp	Division of Corporations	
P.O. Box 632		The Centre of Ta	illahassee Street, Suite 810	
Tallahassee.	EL 32314	2410 IN, MUHIOU	aucci, aunc 610	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

RetroPop Media, LLC				
(Name of the Limite	<u>N</u> - 6			
The Articles of Organization for this Limited List Florida document number L20000109943		Liability Company) were filed on 04/22/2020	and assigned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	_	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:	2699 Stirling Rd		
(Principal office address MUST BE A STREET ADDR		DRESS) Suite B-301		
	-	Ft Lauderdale, FL 33312		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		2699 Stirling Rd Suite B-301		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:		the name of the new registere	
New Registered Office Address:	2699 Stirling R	d. Suite B-591 Enter Florida street address		
	Ft Lauderdale		orida ³³³¹²	
		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 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	Maribel A Piza	2699 Stirling Rd,	□Add
		Suite B-301	_
		Ft Lauderdale, FL 33312	
			_
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Channa

Note:	tive date, if other than the date of filing:
he reco ord is fi	rd 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 ided.
	TWENTY-FOURTH DAY OF JUNE 2020
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member MARIBEL A PIZA

Filing Fee: \$25.00