# 120000119974

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# legistration Section Division of Corporations

T:		ited Liability Company	<del> </del>
	Name of Ear	иси гласнију Сотрану	
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
turn all correspo	indence concerning this matter	to the following:	
	Brandon M. Evanich		
	_	Name of Person	
	IXB MEDIA LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2677 OLD BAINBRIDGE	RD unit 1412	
		Address	
	TALLAHASSEE, FL. 323	03	
		City/State and Zip Code	
	BRANDON@IXBMEDIA.	COM	
	E-mail address: (	to be used for future annual report no	titication)
rther information c	oncerning this matter, please c	all:	
nt Leo Bertola		786 8775886 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
sed is a check for th	ne 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 Address: 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

## $\mathbf{TO}$ ARTICLES OF ORGANIZATION

 $\mathbf{OF}$ 

IXB MEDIA LLC	Dany as it now appears on our rec	rde V		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<u>n us.</u> )		
teles of Organization for this Limited Liability Compandocument number $\frac{1.20000119974}{1.20000119974}$ .	y were filed on <u>05/04/2020</u>		and ass	igned
endment is submitted to amend the following:				
mending name, enter the new name of the limited lia	bility company here:			
name must be distinguishable and contain the words "Limited Liak	bility Company," the designation "L	LC" or the ab	obreviation "L.	IC'."
new principal offices address, if applicable:			-	
pal office address MUST BE A STREET ADDRESS)		<del></del>	<u> </u>	
new mailing address, if applicable:				
ng address MAY BE A POST OFFICE BOX)				
amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:			-	v regis
Name of New Registered Agent.	· · · · ·	<u> </u>		
New Registered Office Address:	Enter Florida street add	-	2021	
	City	Florida	Zip Code	
egistered Agent's Signature, if changing Registered Agen	<u>t:</u>		100	-
by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet t the obligations of my position as registered agent as	e performance of my duties,	and Lam j 5. F.S. Or,	lamiliar wit	hand ment i

If Changing Registered Agent. Signature of New Registered Agent

ling Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>red from our records</u>:

### Manager

### = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
VINCENT LEO BERTOLA	503 W LEXINGTON STREET	<b>=</b> Add
	BALTIMORE, MD 21201	□Remove
EVANICH, BRANDON	2677 OLD BAINBRIDGE RD unit 1412	Add
	TALLAHASSEE, FL. 32303	□Remove
		<b>≡</b> Change
		□Add
		□Remove
		□Change
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ve date, if other than the crive date is listed, the date mulf the date inserted in this bent's effective date on the E	st be specific and cannot b lock does not meet the	applicable statutor	g or more than 90 days:	<b>ptional)</b> after (iling.) Pursuant to 60 this date will not be lis	5.0207 (3 ted as th
f specifies a delayed effectived.	ze date, but not an effec	tive time, at 12:01	a.m. on the earlier of	î (b) - The 90th day afi	er the
January, 25	2021	·	, , ,		
2,16	100	· //		1 of h	
Bankan a	Signature of a member of	or sutherized represen	native at a member	II Will	Vici

Filing Fee: \$25.00