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D. BRUCE AUG 10 2020

Division of Corporations BARVENSKY MEDIA GROUP, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CARL BARVENSKY PAUL Name of Person BARVENSKY MEDIA GROUP, LLC Firm/Company 4699 N FEDERAL HWY, STE 101 Address POMPANO BEACH, FL 33064 City/State and Zip Code INFO@BARVENSKYMEDIAGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARL BARVENSKY PAUL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	r Company as it now app Limited Liability Compar	y)		
The Articles of Organization for this Limited Liability Co Florida document number 1.20000129393	ompany were filed on	05/14/2020		and assign
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company	here:		
The new name must be distinguishable and contain the words "Limi	ed Liability Company," t	ne designation "LLC" or	the abbrevia	ation "L.L.C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter the</u>	name of	the new re
Name of New Registered Agent:				202
New Registered Office Address:			F 13	
	Enter	Florida street address	: "	- 漢 - 心 - こ
		Floric	$\ln \frac{F = Z}{Z}$	
	Ciţv			- 11
New Registered Agent's Signature, if changing Registered				€ 150 €
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for t	of my duties, and I n Chapter 605, F.S	am famil . Or, if th	o co mply v liar with a is docume
	If Changing Registered	Agent, Signature of No	ew Register	ed Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	DORSONNE, GANDHI S	PO BOX 305	□Add
		BOCA RATON, FL 33429	Remove
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e record speci rd is filed.	fies a delayed	effective date	, but not a	an effectiv	e time, at	12:01 a.m	on the car	lier of: (b) The 9	Oth day	v after
	05/28/20										
Dated											
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