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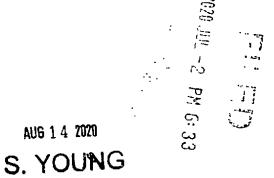
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## **COVER LETTER**

TO:

SUBJECT: Moonly Media, LLC   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:    Charlotte Towne     Name of Person     Charlotte Towne   P.A.     Firm/Company     Address     Dania Beach   FL 33004     City/State and Zip Code     Legal D Charlotte Towne Law. of Stimular address: (to be used for future annual report positication)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Charlotte Towne  Name of Person  Charlotle Towne, P.A.  Firm/Company  29 A South Federal High  Address	
Please return all correspondence concerning this matter to the following:  Charlotte Towne  Charlotte Towne, P.A.  Firm/Company  29 A South Federal High  Address	
Please return all correspondence concerning this matter to the following:  Charlotte Towne  Charlotte Towne, P.A.  Firm/Company  29 A South Federal High  Address	
Charlotte Towne  Name of Person  Charlotte Towne, P.A.  Firm/Company  29 A South Federal High  Address	
29 A South Federal High	
	way
Dania Beach, FL 33004  City/State and Zip Code  Legal D Charlotte Towne Law. of Standard distribution of the Charlotte annual report notification)	_
Legal D Charlette Towne Law, e	
	com
For further information concerning this matter, please call:	
Charlotte Towne at (954) 306-6624  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moonly Med	ia, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Compared Florida document number $\frac{L = 20000151940}{L}$ .	ny were filed on June 3,	<u>၂၀၃</u> 0 and assigned ်
This amendment is submitted to amend the following:		<i>€</i> .
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
		<del> </del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori City	da 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 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
M <u>GR</u>	Merissa Shaban	29 A South Federal H	Wy DAdd
		Dania Beach, FL	□Remove
		33004	□Change
			□Adđ
			□Remove
			□Change
MGR	Merissa Chaban	29A South Federal	HWY □Add
		Dania Beach, FL	
		33004	□Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change _
			□Add
		<u> </u>	□Remove
			□Change

#### Page 2 of 3

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>
E. Effective date, if other than the date of filing:
f the record 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 record is filed.
Dated June 24 2020.
That to the
Signature of a member or authorized representative of a member  Charlotte Towne  Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00