KZC CCC 156179

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: Elav	& Modia (10		
SUBJECT: COV	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		grey Millain	
		frame of Person AUS Media LLC Firm/Company	<u>/</u>
	726 Grace	Avenue Apartmen	十 A 20 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Panama City, F	L 32401 City/State and Zip Code	PH 3
	Corey Quelo	to be used for future annual report poti	fication)
For further information c	concerning this matter, please ca	all:	
Carey McC Name o	lain TPerson	at (<u>850</u>) <u>358 –</u> Area Code Daytime	523 1 e 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		Street Address:	
Registration 9 Division of C		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Flaus Media Lhe

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) .aability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 j5 (z 179</u> .	were filed on $\frac{00 - 68 - 2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5053 10 23 ml Street Suite 1460 12 13 1401 23 150 150 150 150 150 150 150 150 150 150
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(153 W 230 Street & 196 & 1940 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address: 653 ut	33rd Street Suiste 146 Enter Florida street address
Panama C	Florida 3240 Zh 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, <u>enter the title</u>, <u>name</u>, and <u>address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to the listed in this block does not meet the application occument's effective date on the Department of State's records.	to date of filing or more	(optional than 90 days after filing equirements, this dat	g.) Pursua	nt to 605.02 t be listed
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective tim	ie, at 12:01 a.m.	on the	e earlier
nted June 28:9 . 2001	_·			
		_		
Signature of a member or autho	rized representative of	a member		