120000178061

(Requestor's Name)	
(Address)	
(Address)	. <u>.</u>
(City/State/Zip/Phone #)	_
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

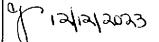




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2023 LOV 27 F.N. 7: 33



COVER LETTER

Division of Corp			
Maun Ai Soli	ations LLC		
SÜBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter (to the following:	
	Timothy Paul Maun Akey		
		Name of Person	
	Maun Ai Solutions LLC		
		Firm/Company	
	8108 SW 10th PL		
		Address	
	Gainesville, FL, 32607		
	timothypmakey@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information con	ncerning this matter, please ca	ill:	
Timothy Paul Maun Akey	•	352 246-1742	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maun Ai Solutions LLC 2023 HOY 27 AM 7: 33 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ ___ and assigned Florida document number ______ L20000178061 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Maun Media LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
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	11/20/2023	
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing: be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) gor more than 90 days after filing.) Pursuant to 605.0207 (3) filing requirements, this date will not be listed as the
the record specifies a delayed) The 90th day after the reco		ve time, at 12:01 a.m. on the earlier of:
17 November	2023	
Dated		
	Signature of a member or authorized represent	
		tative of a member
Timothy Paul Maun Ake		
	Typed or printed name of sign	ee

Page 3 of 3