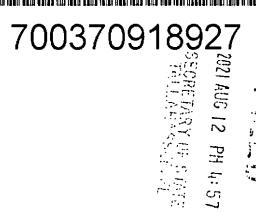
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## **COVER LETTER**

	tration Sec ion of Corp			
SUBJECT: _	5)	ot By Med	ited Liability Company	LLC
The enclosed A	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Julio	Λ J. (1912A16 Name of Person	22
		One S	Stop Media Firm/Company	
		14 E	Washington St.	Ste 200
		Orland (ont	O F L 32801  City/State and Zip Code  a C P O O O C S + o D med to be used for future annual report notified.	ia info
For further infe	ormation co	E-mail address: () neerning this matter, please ca		ication)
Julia	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>n 2 de 2</u> Person	at (407) 6330 Arca Code Daytime	OG/ Telephone Number
Enclosed is a c	heck for the	: following amount:		
₹ \$25.00 Fil	ing 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)
Regi Divi:	ng Address stration So sion of Co Box 6327	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Shot By	Media Company LLC.
(A Flor	ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number $\perp$ 2000018196	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line $O_{NR} = S + O_{N} ^{\prime}$	mited liability company here: Média, LLC
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	20 2
(Principal office address MUST BE A STREET ADI	DRESS) S S
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> ::
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registe	•

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 Title Address Type of Action <u>Name</u> Thomas Wolfe AMBR 14 E Washington St. STE200 Ormo, FL WAdd 32801 □ Remove \_\_\_\_\_ □Change MGR Michael Melnick 14 E. Washington St. STE 200 WARD Orlando, FL 32801

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Filing Fee: \$25.00