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(Requ	estor's Name)
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PICK-UP	☐ WAIT	MAIL.
(Bu s ir	ness Entity Na	nme)
(Docu	ment Number	·)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/13/2020			
			WALK IN
ENTITY NAME HONOR	SOLUTIONS MEDIA	A LLC	
DOCUMENT NUMBER			-
	PLEASE FILE THE	FATTACHED AND RETURN	
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
***	Certified Copy of Arts		
	Certificate of Good Stand	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT	ES REQUESTED		_
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	2
		5 8 FM	
Please call Tina at th	e above number for a	ny issues or concerns. Thank you so	much!

COVER LETTER

Commence of the commence of

Tallahassee, FL 32314

TO:

	legistration Se Division of Cor			
SUBJECT		OLUTIONS MEDIA LLC		
SUBJEC!	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ondence concerning this matter	to the following:	
		Kara Bausch		
			Name of Person	
		ZenBusiness PBC		
			Firm/Company	
		5900 Balcones Dr., Ste. 50	000	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification)			t natification)	
For furthe	r information c	oncerning this matter, please co	·	(manicancil)
Kara Bau	sch		844 493-62	
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Addres	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HONOR SOLUTIONS MEDIA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07/01/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	2 in Coda

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
AMBR	TAISHENG LIN	1702 SE 19th LN	= Add
		Cape Coral, FL, 33990	□Remove
			☐ Change
AMBR JACOB AGUIAR	JACOB AGUIAR	1402 NORTHEAST 18TH TERRACE	🗆 Add
		CAPE CORAL, FL 33909	\ \exists Remove
			□Change
		<u> </u>	□Adđ
			□Remove
		□Change	
			🗀 Add
			□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 ___ August 12 2020 /s/ TYLER LIN Signature of a member or authorized representative of a member TYLER LIN Typed or printed name of signee

1. 1. 20

Filing Fee: \$25.00