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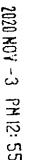
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Three I	Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Amendment and for	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	Chud Smi-th Name of Person
	Three Days Medica LLC Firm/Company
	CSI Brownsedge Citale
	G81 Broomsedge Circle
	St. Augustine, Fl. 37095
	St. Augustine, FL. 37095  City/State and Zip Code  City/State and Zip Code
E-r	nail address: (to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Chad Smith	at (239) 961 5490  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	nt:
□ \$25.00 Filing Fee □ \$30.00 Filin Certificate	· · · · · · · · · · · · · · · · · · ·
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

Three Days 1	Media LLC
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on July 21, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\$EK
(Principal office address MUST BE A STREET ADD	(RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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
AR	Kelly B. Smith	681 Brownsedge Circle	□Add
		Stagustine, Fl. 32095	Remove
			□ Change
AR	Chad A Smith	681 Biochisedge Circle	<b>Z</b> (Add
		681 Biochsedge Circle St. Augustine, FL. 32095	□ Remove
			□Change
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ffective date, if other than t an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	nust be specific and cannot block does not meet the	be prior to date of filing applicable statutory	or more than 90 days after falling requirements, this	filing.) Pursuant to 605.0207
record specifies a delayed effect is filed.	tive date, but not an effe	ective time, at 12:01 a	m. on the earlier of: (b)	The 90th day after the
ated 10 30 20		·		
<del></del>	Signature of a member	or authorized represente	ative of a member	
	KELLJ Typed	C + A +		