

L200000223 462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

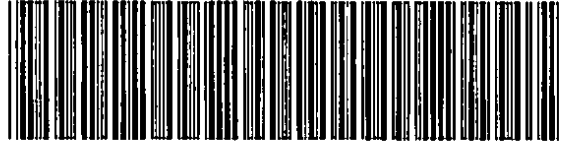
Special Instructions to Filing Officer:

00789, 006213,

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Did not make correction

Office Use Only



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2023 11 17 11:3:23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2023

BRYAN CODY  
277 CRYSTAL STREET  
JACKSONVILLE, FL 32254

SUBJECT: SHATTERMARE COMICS LLC  
Ref. Number: L20000223462

We have received your document for SHATTERMARE COMICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept: "Authorized Representative", "Authorized Person", and "Authorized Member".

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 823A00008218

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shattermare Comics LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Cody  
Name of Person

Shattermare Comics LLC  
Firm/Company

277 Crystal Street  
Address

Jacksonville, FL 32254  
City/State and Zip Code

therenshorse@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Cody at (904) 5024058  
Name of Person Area Code Daytime 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

2024-7-11-21

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

Shattermare Comics LLC  
(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 07/28/2020 and assigned Florida document number L20000223462

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shattermare Media LLC  
The new name must be distinguishable and contain the words "Limited Liability 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)**

277 Crystal Street  
Jacksonville FL 32254

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

277 Crystal Street  
Jacksonville, FL 32254

**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*

\_\_\_\_\_, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matth Strand	412 Holly Berry Lane	<input checked="" type="checkbox"/> Add
		Holly Springs, NC 27540	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Gabriel Helger	4586 Crystal Brook Way	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Kyle Hill	4586 Crystal Brook Way	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Joshua Menendez	1395 Hanwick St. SW	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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 3/30/23 | March 30th, 2023

Signature of a member or authorized representative of a member

Bryan Cady
Typed or printed name of signee

023-7-11-24