## LZO 000 262234

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2021 JUL 14 AM II: 02 SECRETARY OF STATE

## **COVER LETTER**

Andrew Anna Areas	EDIA AGENCY LLC		·
30bsEC1,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael ABITBOL		
		Name of Person	
		Firm/Company	
	3983 194th Trail		
		Address	···-
	Sunny Isles, Florida 33160	)	
		Name of Limited Liability Company  ent and fee(s) are submitted for filing.  Incerning this matter to the following:  I	
		•	cation)
For further information c	oncerning this matter, please c	all:	
William Heseltine		514 447 3127	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	<u>s:</u> Section		t

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

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability  Florida document number 1.20000262234	Company were filed on AUGUST 24, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
RANK MEDIA INSURANCE AGENCY LLC		
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:		
Principal office address MUST BE A STREET ADD	RESS)	
		2021 SEDF
Enter new mailing address, if applicable:		LAH.
Mailing address MAY BE A POST OFFICE BOX)		25× = 1
		m = 11
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		name of the new register
· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
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		<del></del>	□Change
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