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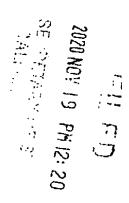
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SUBJEC	1:	Name of Limi	ited Liability Compa	ny	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		BENSON GUSTAVE			
		· · · · · · · · · · · · · · · · ·	Name of Pers	on	
		ROSEMARIE MEDIA PR	ODUCTIONS LL	C	
Firm/Company					
3720 INVERRARY DR, APT 2S					
Address					
		LAUDERHILL, FL. 33319)		
			City/State and Zip	Code	
		BENSONGUSTAVE@GM			
		E-mail address: (to be used for future	annual report notif	ication)
For furthe	er information c	concerning this matter, please ca	all:		
BENSO	N GUSTAVE		754 at (214-1472	
	Name o	of Person	Area Coo	de Daytime	e Telephone Number
Enclosed	is a check for t	he following amount:			
量 \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional co)	_	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-	Mailing Addres			reet Address: egistration Sec	ction
Registration Section Division of Corporations			Division of Corporations		
	P.O. Box 632			he Centre of T	
•	Tallahassee.	FL 32314	24	HD N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ANTICEES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

ROSEMARIE MEDIA PRODUCTIONS 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 $\frac{9/4/2020}{2}$ and assigned Florida document number _____L20000277600 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BENSON GUSTAVE	3720 INVERRARY DR	□Add
		APT 2S	Remove
		LAUDERHILL, FL. 33319	■ Change
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			□ Change

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Filing Fee: \$25.00