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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: ______ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

25K MEDIA LLC

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OCT 1 . 2020

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

25k Media LLC	<u>-</u>		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oilny Company)		
The Articles of Organization for this Limited Liability Company we	ere filed on 09/15/2020	and a	ssigned
Florida document number L20000289571			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the at	obreviation "	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)			
_		7.0	<u>20</u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on 09/15/2020 document number L20000289571 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: manne must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the above principal offices address, if applicable: mending address MUST BE A STREET ADDRESS) mew mailing address, if applicable: mending the registered agent and/or registered office address on our records, enter red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City	, -	Sof the new
Name of New Registered Agent:		=======================================	₹ :i] 5 5
New Registered Office Address:	Enter Florida street address	·	-
	Florida		
		Zip Coa	le
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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	TIM JANSSEN	2880 W OAKLAND PARK BLVD	🗆 Add
		SUITE 225C	Remove
		OAKLAND PARK, FL 33311	☑ Change
			Pemove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
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			Remove
			☐ Change

. If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
	,	
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 slock does not meet the applicable statutory filing requirements, this date will not be list	5.0207 (3) ed as the
the record specifies a delaye) The 90th day after the rec	ed effective date, but not an effective time, at $12:01\ a.m.$ on the earlied cord is filed.	er of:
Dated 10/15		
Morgan Polle	Signature of a member or authorized representative of a member	
Morgan No		
iviorgan ivi	Typed or printed name of signee	

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