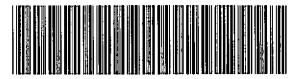


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SECRETARY OF STATE

A. BUTLER MAR 3 0 2022

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

WOJO MEDIA LLC SUBJECT: \_ 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249, #220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@ INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

WOJO ME	EDIA LLC 2022 MAR 16 AM 6: 24			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)  SECRETARY OF STATE TALL ARASSEE FOR			
the Articles of Organization for this Limited Liability Company	were filed on and assigned and assigned			
forida document number 1.20000290111				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	pility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Inter new principal offices address, if applicable:	1530 Cornerstone Blvd Suite 200a			
Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL 32117			
Enter new mailing address, if applicable:	1530 Cornerstone Blvd Suite 200a			
Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach, FL 32117			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u>			
1/3/9				
Nam Panietared Office Addrace:	Enter Florida street address			
New Registered Office Address:	Enter Florida street address			
New Registered Office Address:	Enter Florida street address , Florida  City Zip Code			

provisions of all statutes relative to the proper and complete performance of my dutics, 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>	Type of Action
AMBR	Jason Wojciechowicz	1530 Cornerstone Blvd Suite 200a	□Add
		Daytona Beach, FL 32117	
			<b>≡</b> Change
			□Add
			□Remove
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If amending any other inform	ration, enter change(s) here:	(Attach additional sheet	s, if necessary.)	
			······································	
and the same of th		-		
Effective date, if other than to the an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applica	o date of filing or more than 90 ble statutory filing requires	(optional)  Days after filing.) Pursuant to 605.0 ments, this date will not be listed	0207 (1 d as th
ne record specifies a delayed effectord is filed.	tive date, but not an effective tin	ne, at 12:01 a.m. on the ear	flier of: (b) The 90th day after	the
Dated March, 09		<u></u> .		
	Signature of a member or autho	Huchause of a mem	ber	
		iciechowicz		
		d name of signer		