# h20000304657

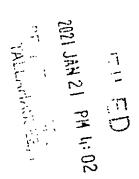
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1th-2/24/21

## Registration Section Division of Corporations

JECT:			r		
	Name of Lin	nited Liability Company			
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
se return all correspo	ondence concerning this matter	to the following:			
		Lauren Diaz			
		Name of Person	<del></del>		
		Blanc Marketing			
		Firm/Company			
		Address Miami Lakes, FL 33016			
		City/State and Zip Code	<del>.</del>		
		auren@blancmarketing.net			
	E-mail address: (	to be used for future annual report n	otification)		
further information c	concerning this matter, please c	all:			
La	uren Diaz	at (305)	798-2902		
Name o	f Person		ime Telephone Number		
osed is a check for the	he 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)		

Blanc Media LLC

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

### TO ARTICLES OF ORGANIZATION OF

Blanc Media LLC

(Name of the Limited Liability Con (A Florida Limite	npany as it now appear ed Liability Company)	rs on our records.)	
Articles of Organization for this Limited Liability Compa	ny were filed on	09/28/2020	and assigned
da document number L20000304657			
amendment is submitted to amend the following:			
amending name, <u>enter the new name of the limited li</u>	ability company he	ere:	
Blanc Ma	rketing LLC		
ew name must be distinguishable and contain the words "Limited Li-	ability Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."
r new principal offices address, if applicable:			
cipal office address MUST BE A STREET ADDRESS)			
			7
			1 3 D
r new mailing address, if applicable:			
ling address MAY BE A POST OFFICE BOX)			2
amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ee address on our ro	ecords, <u>enter the</u>	name of the new register
New Registered Office Address:	Enter Flor	ida street address	<del></del>
		, Florida	
	City	, 1 101102	Zip Code
Registered Agent's Signature, if changing Registered Ager	nt:		
eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple of the obligations of my position as registered agent a gfiled to merely reflect a change in the registered offi pany has been notified in writing of this change.	ete performance of is provided for in C	my duties, and La Thapter 605, F.S.	um familiar with and Or, if this document is

R = Manager BR = Authorized Member			
	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
_ <del>_</del>			
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			□Change

removed from our records:

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<u>:</u> If the	ate, if other than the date of date is listed, the date must be specified date inserted in this block does offective date on the Department	filing: (optional) fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 a not meet the applicable statutory filing requirements, this date will not be listed int of State's records.
ord spec filed.	ifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d	January 15	2021
		A GET
	Signature	c of a member or authorized representative of a member