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COVER LETTER

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Idease return all correspondence concerning this matter to the following: Joyelan Hmielewski	CORDER BOOK COMM	otography LLC		
Seese return all correspondence concerning this matter to the following: Joyelan Himielewski			ited Liability Company	
Joyelan Hmiclewski Name of Person Joyelan Photography LUC Firm/Company 1245 Union St. Address Clearwater FL 33755 City/State and Zip Code JoyelanPhoto@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: at (235) Name of Person Area Code Daytime Telephone Number nclosed is a check for the following amount: \$\int \frac{236}{255.00} \int \frac{2560.00}{255.00} \int 25				
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

FILED

Joyelan Photography LLC

(Name of the Limited Liability Company as it now appears on our records.) CURE TARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEE STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on November 12, 2020 and assigned Florida document number 1.20000357075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Joyelan Media LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___

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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JoyHmielewski