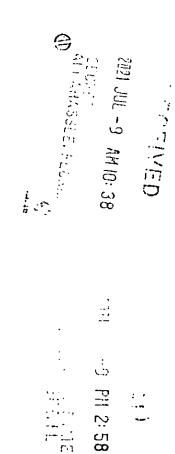
120000369611

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



100368282411



JUL : 2021



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/08/2021	-		⇔WALK IN**
entity name_VOS N	MEDIA LLC		
DOCUMENT NUMBER_	L20000369611		
	PLEASE FILE THE	E ATTACHED AND RETURN	
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
*:	PLEASE OBTAIN THE FO	OLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts		
	Certificate of Good Stan	ding	
	APOSTILLE' / NO	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I201600000	72
		S. 8 7/10	
Please call Tina at i	the above number for a	any issues or concerns. Thank you	so much!



July 12, 2021

SUNSHINE STATE

SUBJECT: VOS MEDIA LLC Ref. Number: L20000369611 CORRECTED
Please Allow For
Same File Date

Letter Number: 621A00015792

We have received your document for VOS MEDIA LLC and the authorization to debit your account in the amount of \$3225.25. However, the document has not been filed and is being returned for the following:

You didn't put the name of the new AMBR

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

621 JE 12 PT 3:38

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOS MEDIA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000369611</u> .	were filed on 11/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1992 Lewis Turner BLVD, Suite 7	
(Principal office address MUST BE A STREET ADDRESS)	Niceville, FL 32547	
Enter new mailing address, if applicable:	1992 Lewis Turner BLVD, Suite 7	
(Mailing address MAY BE A POST OFFICE BOX)	Niceville, FL 32547	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nar</u>	ne of the new regist
		-0 :1:
New Registered Office Address:	Enter Florida street address	100 N
	, Florida	7 00 00 00 00 00 00 00 00 00 00 00 00 00
New Registered Agent's Signature, if changing Registered Agent:	City	ząr come

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>	<u>Address</u>	Type of Action
AMBR	Nogah Winfield	1992 Lewis Turner Blvd Suite 7	= Add
		Fort Walton, FL 32547	
		·	□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			🗇 Add
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			□Change

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/ / D)		l effective date, but	t not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day aff	er the
/s/ Dheron Winfield Signature of a member or authorized representative of a member	Dated July 8		2021	·			
Signature of a member or authorized representative of a member	/s/ Dheron W	infield					
		Ciamatan	at a managh ar ar mach	crized representative	ut a mumbur		

Filing Fee: \$25.00