L20 000396303

| (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: |
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| Division of Corp | | | |
|--------------------------------|--|---|---|
| SUBJECT: MCA | ndering Media | ited Liability Company | |
| | J Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | | Bailey Myers | |
| | | Meandering My Firm/Company | diallc |
| | F | 2. (). Box 5524 Address | |
| | <i>Y</i> | Pey West FL 330 City/State and Zip Code | 45 |
| | E-mail address: (| ncluring media group (| gmail.com |
| For further information co | oncerning this matter, please c | all: | |
| Bailey Myen | <u> </u> | at (380) (156-7) Area Code Daytin | 2571 |
| J Name of | Person | Area Code Dayun | ie Telephone Numbel |
| Enclosed is a check for th | e following amount: | | , |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | Street Address: Registration Se | ection |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| The Articles of Organization for this Limited Liability Company were filed on 12-18-2020 and assigned Florida document number L2000396303. |
|--|
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: 600 White Street |
| (Principal office address MUST BE A STREET ADDRESS) Suite 200 |
| hey West Florida 33040 |
| Enter new mailing address, if applicable: P.O. Box 5524 |
| (Mailing address MAY BE A POST OFFICE BOX) Hey West Florida 33045 |
| 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: |
| 2021 |
| Name of New Registered Agent: Bailey Myers |
| New Registered Office Address: 600 White Street Suite 200 - |
| Mey West Florida 33040 |
| Sour Registered Agent's Signature if changing Registered Agent: |

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 ma | nage, <u>enter t</u> he | title, name, a | nd address of each | person l | <u>oeing added</u> |
|---------------------------------|--------------------|-------------------------|----------------|--------------------|----------|--------------------|
| or removed from our records: | • | | | | | |

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|---|----------------|
| AMBR | Bailey Myers | P.O. Box 5524 | □ Add |
| J | J | P.O. Box 5524 Hey West Florida 33045 | - □ □Remove |
| | | | lDChange |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: 1/23/2021 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated January 23 . 2021. |
| Rignature of a member or authorized representative of a member |
| Bailey Myers |

Filing Fee: \$25.00