# L21000020088

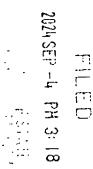
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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Special Instructions to Filing Officer:
J. HORNE
SEP 1.0 2024
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### **COVER LETTER**

	Registration Section Division of Corporations
SUBJECT	Media Tech Creations LLC
JOBJEC	Name of Limited Liability Company
The enck	sed Articles of Amendment and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	Melanie Hoekel
	Name of Person
	Management Tech Consulting LLC
	Firm/Company
	6625 Argyle Forest Blvd Ste 4 #1131
	Address
	Jacksonville FL 32244
	City/State and Zip Code
	mel@mediatechcreations.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please eall:
Melanie	Hoekel 813 967-1384  at (

Mailing Address:

1 \$25.00 Filling Fee

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

closed is a check for the following amount:

□ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

₹ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 1024 SEP - 4 PM 2: 5

Media Tech Creations LLC			2024 SEP -14	PM 3:50
(Name of the Limit	ed Liability Compa (A Florida Limited)	any as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited L	iability Company	were filed on 01/06/2021		and assigned
Florida document number L21000020088				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	vility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbr	eviation "L.L.C."
(Name of the Limited Liability Companies (A Florida Limited Liability Companies)  The Articles of Organization for this Limited Liability Companies Florida document number L21000020088  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability 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 agent and/or the new registered office address here:  Name of New Registered Agent:  Melanie Hoek	6625 Argyle Forest Blvd	Ste 4 #1131		
The Articles of Organization for this Limited Liability Composition of the Articles of Organization for this Limited Liability Composition of the Articles of Organization for this Limited Liability Composition of the Italian of Italian	T ADDRESS)	Jacksonville FL 32244		
Enter new mailing address, if applicable:		6625 Argyle Forest Blvd	Ste 4 #1131	
(Mailing address MAY BE A POST OFFICE	BOX)	Jacksonville FL 32244		
agent and/or the new registered office address  Name of New Registered Agent:	Melanie Hoeke 6625 Argyle Fo		uddress	of the new registered
	Jucksonville	City	_, Florida <u>3224</u>	n. Zip Code
brida document number  L21000020088  its amendment is submitted to amend the foll  If amending name, enter the new name of the new name of the new name of the new name of the new principal offices address, if applications and office address MUST BE A STRE.  Inter new mailing address, if applicable:  If amending the registered agent and/or ent and/or the new registered office address.  Name of New Registered Agent:		City		rsp Code

#### 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 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>	Name	Address	Type of Action
AMBR	Management Tech Consulting LLC	6625 Argyle Forest Blvd Ste 4 #1131	□Add
		Jacksonville FL 32244	□Remove
			<b>■</b> Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
		□ Remove	□Remove
			□Change
			□ Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 08/27/2024 (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)(b) 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 \_ August 23 2024 Signature of a member or authorized representative of a member Melanie Hoekel Typed or printed name of signee

# **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Melanie Hoekel		
		Name of Person	
	Management Tech Consult	ting LLC	
		Firm/Company	
	6625 Argyle Forest Blvd S	te 4 #1131	
		Address	
	Jacksonville FL 32244		
		City/State and Zip Code	
	mel@mediatechcreations.co		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Melanie Hoekel		813 967-1384 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP 4 PH 3:21 Media Tech Creations LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/06/2021 Florida document number L21000020088 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." 6625 Argyle Forest Blvd Ste 4 #1131 Enter new principal offices address, if applicable: Jacksonville FL 32244 (Principal office address MUST BE A STREET ADDRESS) 6625 Argyle Forest Blvd Ste 4 #1131 Enter new mailing address, if applicable: Jacksonville FL 32244 (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:

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

6625 Argyle Forest Blvd Ste 4 #1131

Melanie Hoekel

Jacksonville

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
AMBR	Management Tech Consulting LLC	6625 Argyle Forest Blvd Ste 4 #1131	
		Jacksonville FL 32244	□Remove
			☐ Change
			Remove
			☐ Change
			□Add
			□Remove
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			□ Change

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Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member	Dated August 23		
	Dated August 23		

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