h21000032897

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05/23/22--81015--005 **25.00

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COVER LETTER

	Registration Sec Division of Corp				
cupieza	Open Light	Media LLC			
SUBJECT	ı: <u></u>	Name of Lim	ited Liability Company		
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Jenny Sanchez			
		 	Name of Person		
		Open Light Media LLC			
			Firm/Company		
		412 Janice Kay Place			
			Address	-	
		Kissimmee, FL 34744			
			City/State and Zip Code		
		openlightmedia@gmail.com E-mail address: (1	to be used for future annual re	port notification)	
For further	information co	oncerning this matter, please ca			
Jenny San	chez			1193	
	Name of	Person	at () Area Code	Daytime Telephon	e Number
Enclosed i	s 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 enclo	sed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2027 MAY 23 AM II: 28

(Name of the Limite	ed Liability Compa		SECRETARY OF STATE
	(A Florida Limited L	Liability Company)	ur records ALLAHASSEE. FL
he Articles of Organization for this Limited Lia	ability Company	were filed on 04/14/20	and assigned
lorida document number <u>L2100003289</u>			
his amendment is submitted to amend the follo	owing:		
If amending name, enter the new name of	the <u>limited liab</u>	ility company here:	
Ocean Bloom Creative LLC			
he new name must be distinguishable and contain the wo	ords "Limited Liabil	_	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)		
		N/A	
Enter new mailing address, if applicable:		19/A	
,			
Mailing address MAY BE A POST OFFICE E	egistered office a	ddress on our record	s, enter the name of the new regi
Mailing address MAY BE A POST OFFICE E	egistered office a	ddress on our record	s, enter the name of the new regi
Mailing address MAY BE A POST OFFICE E 3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office a s here:	ddress on our record	s, <u>enter the name of the new regi</u>
Mailing address MAY BE A POST OFFICE E	egistered office a s here:	ddress on our record	
Mailing address MAY BE A POST OFFICE E 3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office a s here:		eet address
Mailing address MAY BE A POST OFFICE E 3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office a s here:		

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
			□Add
			□Remove
			Change
		<u></u>	□Add
			□Remove
			☐Change
			□ Add
			Remove
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ffective date, if other an effective date is listed, to total. If the date inserted ocument's effective date	he date must be specific a d in this block does no	and cannot be price t meet the appli	or to date of filing icable statutory	g or more than 90 o	_ (optional lays after filing ents, this date	g.) Pursua	nt to 605 t be liste	.0207 (. ed as tl
record specifies a delayed is filed.	ed effective date, but n	ot an effective	time, at 12:01	a.m. on the earli	erof: (b) T	he 90th o	day after	r the
April 14		2022						
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Filing Fee: \$25.00