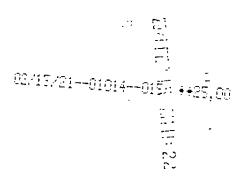
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(Re	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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A 2/2/20

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: STay Driven Media LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shown E Gooding Name of Person
Stay Driven Media Firm/Company
541 Albatross Dr. Address
City/State and Zip Code Staydriven Media @ gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawn E. Gooding at (786) 365-2149 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
∑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status ← Certified Copy (additional copy is enclosed) 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

Stay Driven Med	19 LLC
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.)
(A Fioritia Editor LA)	admity Company)
The Articles of Organization for this Limited Liability Company v	vere filed on January 19, 2021 and assigned
Florida document number <u>L 2 10 000 34 962</u> .	
Tiorida document number ==:000 Jillaz.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter and minimal office of dame of and both	
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)	
	-
	Till till till till till till till till
B. If amending the registered agent and/or registered office a	idress on our records, enter the name of the new registered
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	r.

New Registered Agent's Signature, if changing 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.

City

Enter Florida street address

_. Florida __

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
MER	Shawn E. Gooding	541 Albutross Dr.	🗆 Add
		541 Albatross Dr. Kissimmee, Florida	□Remove
\checkmark	\checkmark	34759	
AMBR Shawn E. Go	Shawn E. Gooding	541 Albertross Dr.	I y Add
	_	Kissimmee, Florida	□Remove
		フ) -	□Change
			□Add
			Remove
		 	Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I simply want to Change the Title of myself
+	hat is listed as (MGR), for my company to
(I simply want to Change the Title of myself hat is listed as (MGR), for my company to AMBR), I Just meed this ERROF Fixed please
<u>_</u>	Just Michael Mis Election Times plans
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Note: 1	e date, if other than the date of filing: 1-15-2021 (optional) tive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
e record rd is file	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 L.
Dated _	February 1 2021. Signature of a member or authorized representative of a member
	Shawn E. Gooding Typed or printed name of signee
	Typed or printed name of signee

D.

Filing Fee: \$25.00