## L21000038355

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

FO: Registration Section Division of Corporations
SUBJECT: - Truly Yours 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:
Giovanni Diaz Name of Person
Truly Yours Media LLC Firm/Company
9057 NW 1915+ Terrace
City/State and Zip Code  + ruly your Moment Pamail (om  E-nailladdress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chovanni Diaz at (746) 556-4499  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certificate of

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

(Name of the Limited Liability Com	pany as it now appears of d Liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L 2 000038355}{}$ .		/19/2021	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here	:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the desi	gnation "LLC" or the abb	reviation "L.I	L.C."
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:	address on our rec	ords, enter the name	of the new	registered
Name of New Registered Agent:				
New Registered Office Address:				<del></del>
	Enter Florida	street address		
		, Florida		<del></del>
New Registered Agent's Signature, if changing Registered Agen	City t•		Zip Code	Ø
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this cap e performance of m provided for in Chi	v duties, and I am fa upter 605, F.S. Or;i,	mi∰gr with f th <b>i</b> s docui	Land Nent is
If Ch.	anging Registered Agent	, Signature of New Regis	stered Agent	<del></del> .

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
MGR	Giovanni Diaz	9057 NW 1915+ Terrace, Hialeah FL	DAdd
			□Remove
			□Change
MGR	Ashley Diaz	9057 NW 191st Terrace Hiolean	<u>F</u> L □Add
		9057 NW 191st Terrace Hiolean 33018	Remove
			🗆 Change
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an effective date is liste lote: If the date inse	ner than the date of ed, the date must be speci rted in this block does date on the Departmen	fic and cannot be pronot not meet the app	licable statutory f	or more than 90 days a	ptional) after filing.) Purs this date will t	suant to 605,0201 not be listed as
record specifies a de Lis filed.	layed effective date, b	ut not an effective	e time, at 12:01 a.	m. on the earlier of	(b) The 90t	h day after the
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	Signature	of a member or au	thorized representa	tive of a member	<u> </u>	D
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