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## **COVER LETTER**

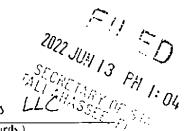
TO: Registration Section Division of Corpor			
SUBJECT: <u>Sma</u>	Business Name of Lim	Media Solutions ited Liability Company	LLC
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Dylan	W. Edwards	
		Name of Person	
		Firm/Company	<del>_</del>
	19405	Sweet Grass Way	
		Address	
	Lutz	City/State and Zip Code  O Seagency Mo  (to be used for future annual report notif	
		City/State and Zip Code	<u> </u>
_	ottice E-mail address:	(a) Seagency me	ication)
For further information conc			
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<u> </u>	Folwards	at ( <u>850</u> ) <u>4 4 5 -</u> Area Code Daytime	- 9481
Name of Pe	rson	Area Code Daytime	: Telephone Number
Enclosed is a check for the fo	ollowing amount:		
	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
/_ 02000 0 mig 1 51	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec	tion	Registration Sec	ction

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



(Name of the Limited Liability Company as it now appears on our records.) 03/01/2021 The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L210000 97695 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: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_

## 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 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
AMBR	Madison Suddaby	400, N. Rome Ave, Tampa, F.	ZAdd 3 GoC
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an effecti <b>Vote:</b> If	tive date, if other than the date of filing: 02/05/2027 (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 605.6 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.	0201 d as
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	the
ated	February 5th 2022	
	A Utill	
	Signature of a number of an interpresentative of a member  Oylan Wart Edwards	

Filing Fee: \$25.00