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## **COVER LETTER**

TO: Registration Se Division of Cor			
		K DIGITAL MEDIA, LLC.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TRISTAN J JENKINS		
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	110 SW 7TH AVE		
		Address	
	DELRAY BEACH, FL 33	444	
		City/State and Zip Code	
	tjenks1020@gmail.com		
	E-mail address: (	to be used for future annual report	notification)
For further information of	oncerning this matter, please c	all:	
TRISTAN J JENKINS		at () 501-220 Area Code Da	6
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

'AL MEDIA, LLC.	
ny as it now appears on our records.)	
, , , , , , , , , , , , , , , , , , ,	
were filed on 03/08/2021	and assigned
ility company here:	
ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
110 SW 7TH AVE	
DELRAY BEACH, FL 33444	
•	····
iddress on our records, <u>enter the nan</u>	ne of the new regist
	23
	•
Enter Florida street address	
F2 - 1 1	
, Florida City	Zip Code : ,
	ility company here:  ity Company here:  ity Company here:  DELRAY BEACH, FL 33444  Enter Florida street address  Florida  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
MGR	TRISTAN J JENKINS	110 SW 7TH AVENUE	■Add
		DELRAY BEACH, FL 33444	□Remove
			□Change
AMBR JAMI L JENKINS	16021 SW 281 ST	□Add	
	HOMESTEAD, FL 33033	■Remove	
			☐ Change
	*****	_	□Add
	<del></del>	□Remove	
			Change
			□Add
		□Remove	
			Change
			□Add
		Remove	
			Change
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			□Remove
			☐ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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*I	ive date, if other than the date of filing:
the reco	rd 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 fled.
Dated	
	1 complete muribur
	Signature of a member of authorized representative of a member