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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
		SING MEDIA CONNECTION	G MEDIA CONNECTION, LLC		
SUBJECT:		Name of Limi	ted Liability Company		· ·
, The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		PATRICK MARTIN			
			Name of Person		
		ADVERTISING MEDIA (CONNECTION, LLC		
			Firm/Company		
		5448 E. MICHIGAN ST. A	APT. #8		
			Address	, , , , , , , , , , , , , , , , , , ,	
		ORLANDO, FL 32812			
		ADVERTISINGMEDIACO			
			o be used for future annual re	port notification)	
For further i	nformation c	oncerning this matter, please ca	ıll:		
PATRICK MARTIN		407 988 ^a	9848		
	Name o	f Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for th	he following amount:			
= \$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Ad</u> Registra	dress: tion Section	
Di	vision of C	Corporations	Division	of Corporation	
P.0	D. Box 632	27	The Cen	tre of Tallahass	see

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVERTISING MEDIA CONNECTION, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned 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 "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, 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>	<u>Address</u>	Type of Action	
MGR	PERNIA ATENCIO, DONY	2488 S. CONWAY RD. APT. #28	□Add	
			□Remove	
			≡ Change	
MGR	BELANDRIA DE PERNIA, NUB	2488 S. CONWAY RD. APT. #28	□Add	
			□Remove	
			≡ Change	
		**************************************	□Add	
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ective date, if other than th	e date of filing:		fantia	nat)	
ective date, if other than the effective date is listed, the date in this etc. If the date inserted in this	ust be specific and cannot be	prior to date of filing or	more than 90 days after f	iling.) Pursuant t	o 605.020
ument's effective date on the	Department of State's rec	ords.	mg requirements, mis	date will not o	e nstea a
cord specifies a delayed effect s filed.	ve date, but not an effect	ive time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day	after the
MAY 6 ed	2021	·			
	Signature of a member or				
		and the state of t			-