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2021 OCT 12 PM h: 57 SEGRETARY OF STATE

COVER LETTER

	ion Section of Corporations		
	ertising Media Connection, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Patrick Martin		
	- 191/1 +	Name of Person	
	Advertising Media Conne	ction, LLC	
	<u> </u>	Firm/Company	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	5448 E. Michigan St. Apt	8	
		Address	
	Orlando, FL 32812		
	4rentmagazine@gmail.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report n	otification)
For further informa	ation concerning this matter, please o	all:	
Patrick Martin		407 988-9848	
7	Name of Person	at () Area Code Days	time Telephone Number
Enclosed is a check	c for the following amount:		
■ \$25.00 Filing I	<u>-</u>	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division	tion Section of Corporations	Street Address: Registration S Division of C	Section Corporations
P.O. Bo	x 6327	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

Advertising Media Connection, LLC

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	da Limited Liab(iity Company)	TALLAHASSES, FL
The Articles of Organization for this Limited Liability (Plorida document number 1.21000119759	Company were filed on March	15, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
4 Rent Magazine, LLC		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		rds, enter the name of the new regis
		rds, enter the name of the new regis
gent and/or the new registered office address here:	:	
	: Enter Florida :	

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
			□Add
			□Remove
			Change
		·	□Add
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ctive date, if other than the effective date is listed, the date must be at the date inserted in this bument's effective date on the f	ist be specific an block does not	id cannot be prio meet the applic	cable statutory	or more than 90 c		
cord specifies a delayed effecti filed.	ve date, but no	ot an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The	90th day after the
October 5 ed		2021	·			