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COVER LETTER

Divi	sion of Corp	porations		
	Jamieson I	Media LLC		
SUBJECT:		Name of Limi	ted Liability Company	
			in 16 of Clina	
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Michael Jamieson		
			Name of Person	
		Jamieson Media LLC		
			Firm/Company	
		1221 Peralta Court		
			Address	
		Sanford, Florida 32771		
			City/State and Zip Code	
		musique.mic@gmail.com		c
		E-mail address: (to be used for future annual report notil	(cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Michael Jai	mieson		321 696-9812	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

Jamieson Media LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records nited Liability Company)	.)
The Articles of Organization for this Limited Liability Com	pany were filed on 03/16/2021	and assigned
Florida document number L21000124306		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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:	<u></u> . ,	
(Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new regist
agent and/or the new registered office address nere.		
		720
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	- <u>-</u>
	Flo	rida
	City	Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Michael Jamieson	1221 Peralta Court, Sanford, FL 32771	∕ Add
			□ Remove
			□Change
AMBR	Jamie Jamieson	1221 Peralta Court, Sanford. FL 32771	Z Add
			□ Remove
			□Change
·. ———		 	🗀 Add
			GRemove-
			□ Remove □ Change
			□Remove
			□Change
	 		□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□ Change

Typed or printed name of signee