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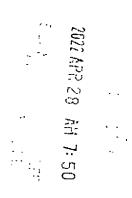
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COVER LETTER

TO:	Registration Se Division of Cor			
	Aureate Me	edia LLC		
SUBJI	ЕСТ:			
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Nick Wanliss		
			Name of Person	
		Aureate Media LLC		
			Firm/Company	
		6956 Trellis Vine Loop		
			Address	
		Windermere Florida 34786	5	
		info@aureatemedia.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	dification)
For fur	ther information c	oncerning this matter, please ca	all:	
Nick V	Vanliss		407 340-7665	
	None	f Person	at () Area Code Daytiπ	ne Telephone Number
	nane o	t Person	Area Code Daylin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2	5.00 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)

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

Aureate Media LLC	nson		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorded Limited Liability Company)	<u>s) (iii 7: 50</u>	
The Articles of Organization for this Limited Liability Florida document number 1.21000151547	Company were filed on 04/01/2021	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:		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u>	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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 2022 AFR Address 7: 50 6956 Trellis Vine Loop Windermere, FI 34786 Title Title Name Type of Action MGR Nick Wanliss ■ Add _____ Remove _____ □ Change ______ □Remove ______ Пелюve ______ □ Add _____ □Change ______ □Remove

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ctive date, it other than the effective date is listed, the date mi	e date of filing:	(option o date of filing or more than 90 days after fi	i al) ling APorspant to 605 076
: If the date inserted in this t	lock does not meet the applical	ble statutory filing requirements, this o	date will not be listed a
iment's effective date of the f	Department of State's records.		
ota specines a delayed effecti filed.	ve date, but not an effective fin	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
April 26 d	2021		
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116	Signature of a member or author		
	Signature of a member or author	ized representative of a member	
Nick Wanliss			