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Y. SCOTT MAR 2 9 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

	JP COMPANY LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MIREIA CARRILLO PRA	AT		
		Name of Person	.	
	MC GROUP COMPANY	LLC		
		Firm/Company	SEC:	2022 }
	10275 COLLINS AVE, A	PT 201		D22 HAR 15
		Address	;-;-;-	A 100 PM
	BAL HARBOUR, FL 331	54	OF STATE	15 PH 3: 04
		City/State and Zip Code	125	: Or
	naranjocopa@gmail.com		[7]	***
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
MIREIA CARRILLO P	RAT	786 513-4995		
Name o	of Person		e Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC GROUP COMPANY LLC			
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on Liability Company)	our records.)
he Articles of Organization for this Limited Lia	ability Company	y were filed on <u>04/05/2</u>	and assigned
lorida document number L21000157221	<u> </u>		
his amendment is submitted to amend the follo	wing:		
If amending name, enter the new name of	the limited lia	bility company here:	
INKO MEDIA LLC			
he new name must be distinguishable and contain the we	ords "Limited Liab	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STREET	T ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE E		N/A	2022 MAR 15 SECRETALY
 If amending the registered agent and/or regent and/or the new registered office address 	egistered office s here:	address on our recor	rds, enter the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida s	street address
			, Florida
		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.

N/A.

If Changing Registered Agent, Signature of New Registered Agent

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
N/A	N/A	N/A	
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			□Change
		 _	□Add
			□Remove
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N/A				
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		.		
:tive date, if other than the o	date of filing:be specific and cannot be prior to date of	filing or more than 90 day	(optional) es after filing.)	Pursuant to 605.
: If the date inserted in this blo ment's effective date on the De	ck does not meet the applicable statu	itory filing requiremen	ts, this date	will not be liste
ment's effective date off the De	attment of State's records.			
ord specifies a delayed elferrise	date, but not an effective time, at 12	1:01 a.m. on the earlier	of: (b) The	90th day after
filed.	and, out not an effective time, at the	on the carrier	J (0)	
d MARCH 04	2022			
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	imputure of a hambatra authorized	racantativa of a mambar		
	Signature of a fromber of authorized repr	resentative of a member		