L21000265838

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COVER LETTER

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TO: Registration 5 Division of Co			
	& Pie Digital Media, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filling.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jennifer Brueggen		
		Name of Person	
	Bourbon & Pie Digital Me	dia, LLC	
		Firm/Company	
	5725 Don Manuel Rd		
		Address	
	Elkton, FL 32033		
	jbrueggensocial@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Jennifer Brueggen		904 540-9575	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroc Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bourbon & Pie Digital Media, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L21000265838	were filed on June 08, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Forge A Path Media, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5725 Don Manuel Rd	~3 .
Principal office address MUST BE A STREET ADDRESS)	Elkton, FL 32033	2024 JAN SECKE
, in the office with the control of		Fig & 11
Enter new mailing address, if applicable:	PO Box 243	24 PM
Mailing address MAY BE A POST OFFICE BOX)	Elkton, FL 32033-9998	ن من من المناطقة الم
	***	7 3 3
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	usv
	F	Torida
	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.

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ffective date, if oth	er than the date of	filing:		(optio	nal)
an effective date is listed Note: Af the date inser	d, the date must be specif ted in this block does	ic and cannot be prior not meet the applic	to date of filing or me able statutory filing	ore than 90 days after (crequirements, this	iling.) Pursuant to 605.020 date will not be listed as
	late on the Departmen				
	ayed effective date, bu	it not an effective ti	ime, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after the
d is filed.					
1 17		2024			
January I /			·		
Dated			-		
Pated	$\left(\begin{array}{c} \end{array}\right)$ A	101/6	200		
Dated	Signaya	of a member or a	orizad en dentative	of a member	
January 17 Jennifer C	0 0	of a member or acid	oriza en dentative	of a member	