## 121000271176

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

JAN 2 3 2023



700396633007

132 132 00

2022 OCT 28 AM 8: 1

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Witod Media	Name of Limited Liability Company
The enclosed Articles of Amendment and	l fee(s) are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
,	Name of Person
Noted	Media III
5431	7th St Address
Histolan	d City FL 33846 City/State and Zip Code
Jah Gud	Hearned 19 group: (ovr) Harmail address: (to, be used for future annual report notification)
For further information concerning this n	natter, please call:
Jamari Mc Vabo Name of Person	at (407) 789-6614  Area Code Daytime Telephone Number
Enclosed is a check for the following am	ount:
☐ \$25.00 Filing Fee ☐ \$30.00 Fi Certifier	ling Fee & S55.00 Filing Fee & S60.00 Filing Fee.  the of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L71000771176</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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:

	lanager athorized Member		
<u>Fitle</u>	<u>Name</u>	Address	Type of Action
AMBS D	Devonte Simmons	1408 Richard Street	<u></u>
		1408 Richard Street Mesquite, TX 75149	<b>D</b> Kemove
			⊒Change
			umdd
			□Remove
			□Change
<u></u>	·		<u>L-</u> _Add
			□ Kemove
			□Remove
			TChange
			□Remove
			Zohunge
			□Remove
			<b>-</b>

, ti amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
~=	
_	
_	<del></del>
_	
<del></del>	
_	
_	
_	
-	
(If an effe Note:	ye date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the int's effective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed
Dated_	October 2 nd 2022
	October (ind 2022)  Jaiwa M M Signature of a member or authorized representative of a member
	Jamari Mr Nabb Typed or printed name of signee

Filing Fee: \$25.00