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2022 MAR 14 AM 8: 26
SECRETARY OF STATE
TALLAPLASSEE PATE

A. BUTLER MAR 2 4 2022

COVER LETTER

TO: Registratio Division of	on Section Corporations		r		
Alexa I	Media Marketing	•	•		
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Article	s of Amendment and feets) are sub	omitted for filing.			
Please return all corr	espondence concerning this matter	to the following:			
	Michael Zarfaty				
		Name of Person			
	Alexa Media Marketing				
	7-1	Firm Company			
	1701 W Hillsboro Blvd 20	5			
		Address			
	Deerñeld Beach FL				
		City State and Zip Code			
	mikeyzchef@gmail.com F-mail.address: (to be used for future annual report not	(fication)		
For further information	on concerning this matter, please c	•			
Micha	K Z Z Z	at (3 (;) 4 7)	7) 3 1		
	ile of Ferson	Atea Code Dayin	e Telephone Number		
Enclosed is a check is	or the following amount:				
■ \$25.00 Filing Fee	e (1) \$30.00 Filing Fee & Certificate of Status	☐ 355.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Add		Street Address:			
Registration Section Division of Corporations		Registration Sec Division of Cor			
P.O. Box 6		The Centre of 1	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Alexa Media Marketing

company has been notified in writing of this change.

2022 MAR 14 AM 8: 26

(Name of the Limited Liability Company as it now appears on our records CRETATY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 6/10/21 and assigned Florida document number L21000271574 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

If Changing Registered Agent, Signature of New Registered Agent

If aniending 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>	Name	<u>Address</u>	Type of Action
MGR	Kevin Oliveira	121 NE 3rd St 809	≣ Add
		Fort Lauderdale, FL 33301	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

~	nending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
(If an e <u>Note</u>	tive date, if other than the date of filing:
If the record is t	ord 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 iled.
Datec	3/4/27
	Signature of a member or authorized representative of a member
	Michael Zoufatu