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COVER LETTER

	gistration Se vision of Co						
SUDJECT.	The Butan	Clan, LLC					
SUBJECT:	Name of Limited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		Kevin Butan					
			Name of Person				
		FLOH Media, LLC					
			Firm/Company				
		10855 SW Cremona Way					
			Address	·-			
		Port Saint Lucie, FL 34987					
			City/State and Zip Code				
		kevin@thebutanclan.com					
		E-mail address: (to be used for future annual report no	dification)			
For further i	nformation c	oncerning this matter, please c	all:				
Kevin Butar	1		440 567-4941 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a	n check for th	ne following amount:					
■ \$25.00 F	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)			
	iling Addres		Street Address:				
	gistration S vision of C	orporations	Registration Section Division of Corporations				
P.C). Box 632	7	The Centre of				
Tal	lahassee, F	FL 32314		pe Street, Suite 810			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Butan Clan, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company	were filed on 6/30/2021	and assigned
lorida document number L21000300099			-
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	ility company here:	
FLOH Media, LLC			
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		118 Ohio Ave N	
(Principal office address MUST BE A STREET ADDRESS)		Unit #163	20.4
		Live Oak, FL 32064	14 ²
			<u> </u>
nter new mailing address, if applicable:		118 Ohio Ave N	- - -1
Mailing address MAY BE A POST OFFICE	ΒΟλ)	Unit #163	70 1.
	<u>-</u>	Live Oak, FL 32064	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	Sally Butan		enter the name of the new regist
New Registered Office Address:	118 Ohio Ave I		
	11 01	Enter Florida street	
	Live Oak	/ Ya.	, 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.

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
MGR	Kevin Butan	118 Ohio Ave N Unit #163	□Add
		Live Oak, FL 32064	□Remove
			■ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			DAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
_	
Note:	ive date, if other than the date of filing: 08/01/2024 (optional) ective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ent's effective date on the Department of State's records.
e recor rd is fi	d 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 led.
Dated	1/24/24 Room Patonon
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00