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| PICK-UP                 | WAIT               | MAIL        |
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| Certified Copies        | Certificates       | of Status   |
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| Special Instructions to | Eiling Officer     |             |
| Special instructions to | rining Officer.    |             |
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## **COVER LETTER**

|                            | Name of Lim                                     | ited Liability Company  |  |
|----------------------------|---|---|--|
| he enclosed Articles of    | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| case return all correspo   | ondence concerning this matter                  | to the following:   |  |
|                            | Wayne Wiggins                                   |   |  |
|                            | ****  | Name of Person  |  |
|                            | TRT Media Group LLC                             |   |  |
|                            | <del></del>                                     | Firm/Company  |  |
|                            | 280 Celebration Blvd #203                       | 3   |  |
|                            |   | Address   |  |
|                            | Celebration FL, 34747                           |   |  |
|                            |   | City/State and Zip Code   |  |
|                            | wayne827@aol.com                                |   |  |
|                            | E-mail address: (                               | to be used for future annual report noti-                                 | fication)  |
| or further information of  | oncerning this matter, please c                 | all:  |  |
| /ayne Wiggins              |   | 407 6946921   |  |
| Name o                     | f Person  | at ()<br>Area Code Daytim   | e Telephone Number   |
| nclosed is a check for the | ne following amount:                            |   |  |
| ■ \$25.00 Filing Fee       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

TRT Media Group

company has been notified in writing of this change.

2021 AUG 20 PM 8: 43

|   | a 8/11/2021                            | OF STATE<br>CELFLORGE:                       |
|---|--|--|
| The Articles of Organization for this Limited Liability Company   | were filed on 6/11/2021                | and assigned                                 |
| lorida document number 1.21000360722  |  |  |
| This amendment is submitted to amend the following:   |  |  |
| a. If amending name, enter the new name of the limited liab   | pility company here:                   |  |
| he new name must be distinguishable and contain the words "Limited Liabi  | ility Company," the designation "LLC"  | or the abbreviation "L.L.C."                 |
| Inter new principal offices address, if applicable:   | 3500 Posner Blvd #1020                 | <u> </u>                                     |
| Principal office address MUST BE A STREET ADDRESS)  | Davenport FL, 33837                    |  |
|   |  |  |
| Inter new mailing address, if applicable:   | 3500 Posner Blvd #1020                 |  |
| Mailing address MAY BE A POST OFFICE BOX)   | Davenport FL, 33837                    |  |
|   |  |  |
| 8. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, <u>enter t</u> | he name of the new regi                      |
| New Registered Office Address:  |  | <u>.                                    </u> |
|   | Enter Florida street address           |  |
|   | , Flo                                  | ridaZip Code                                 |
|   | City                                   | Zip Code                                     |
|   |  |  |

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 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| . Hame               | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                  |
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| (If an effe<br>Note: | re date, if other than the date of filing:  |
| 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 d. |
| Dated _              | August 18th 2021  |
|                      | Signature of a member or authorized representative of a member  |
|                      | Wayne Wiggins   |

Typed or printed name of signee