L21000371038

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



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A. RIVERS
AUG 2 + 2023

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | | | | | |
|-----------------------------------|---|---|---|--|--|--|
| | EMPIRE LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing | | | | |
| | ondence concerning this matter | _ | | | | |
| ricase return an correspo | macine concerning this matter | to the following. | | | | |
| | MICHAEL PETERSON | | | | | |
| | | Name of Person | | | | |
| | RENTAL EMPIRE LLC | | | | | |
| | Firm/Company | | | | | |
| | 234 SW 38TH ST | | | | | |
| | | Address | | | | |
| | CAPE CORAL, FL 33914 | | | | | |
| | | City/State and Zip Code | , | | | |
| | MICMIKE0913@GMAIL. | | 1,0 | | | |
| | | to be used for future annual report not | theation) | | | |
| For further information c | oncerning this matter, please c | all: | | | | |
| MICHAEL PETERSON | | 475 201-8263 | | | | |
| | | | ne Telephone Number | | | |
| Enclosed is a check for the | ne following amount: | | | | | |
| ■ \$25.00 Filing Fee | S30.00 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ection | | | |
| Division of Corporations | | Division of Co | 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

| The Articles of Organization for this Limited Liability Com | npany were filed on | and assigned |
|---|--|---------------------------------------|
| Florida document number L21000372038 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| LUNCHBOX MEDIA LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | SS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | 1 |
| 3. If amending the registered agent and/or registered o | ffice address on our records, enter the n | ame of the new regist |
| gent and/or the new registered office address here: | | i i i i i i i i i i i i i i i i i i i |
| | | - -,1 |
| Name of New Registered Agent: | | · · · |
| New Registered Office Address: | | , |
| New Registered Office Additions. | Enter Florida street address | |
| | , 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

Page 2 of 3

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| Sote: If the date inserted in this | he date of filing: must be specific and cannot be prior to block does not meet the applicate Department of State's records. | | |
| e record specifies a delay The 90th day after the r | ved effective date, but not ecord is filed. | an effective time, at | 12:01 a.m. on the earlier |
| JULY 21 Dated | 2023 | | |
| | | - · | |
| /// | 1/10/ | ized representative of a member | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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 |
|--------------|-------------|---------------------------------------|----------------|
| | | | □Add |
| | | | □Remove |
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