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KALLAHASSEE FIL

COVER LETTER

TO: Registration Division of C		n. 6 6 4				
	OCUSED MEDIA LLC		•	- · ·		
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for tiling.				
	pondence concerning this matter	•				
	Fabrizio Lengua					
		Name of Person				
	ZenBusiness INC.					
		Firm/Company				
	336 E College Ave, Ste 30	I				
		Address				
	Tallahassee, FL 32301			202		
		City/State and Zip Code		2022 JUN 2 I	سور ع فا	
	fulfillment@zenbusiness.co			E	•••	
	E-mail address: (t	o be used for future annual report noti	fication)		d	
For further information	concerning this matter, please ea	ill:		Sm.		
Fabrizio Lengua		512 237-7349		PH 12: 45		
Name	e of Person		e Telephone Number	—-; ∙ ∙		
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &		
<u>Mailing Addr</u> Registration	Section	<u>Street Address:</u> Registration Sec				
Division of P.O. Box 63	Corporations	Division of Cor The Centre of T				
1.0. DOX 0.	/ mg - 1	ruc centre of r	ananassee			

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISE FOCUSED MEDIA LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compartition for this Liability Compartition for the Liability Compartition for this Liability Compartition for the Liability Compa	ny were filed on 08/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Christopher Wiseman LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)		
		7
Enter new mailing address, if applicable:		71. I
(Mailing address MAY BE A POST OFFICE BOX)		75 75 U
		, ,
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
		orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			2022 JUN 23 PH PS: U
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet t	the applicable sta	of filing or more than states that states of the states of	(optional) 00 days after filing ements, this date) Pursuan will not	t to 605.) be liste	0207 (3) d as the
the record specifies a delay) The 90th day after the re		, but not an e	ffective time, a	t 12:01 a.m.	on the	earlie	r of:
Dated							
							
	/s/ C	hristopher	WISEMAN				
	/s/ C Signature of a memb	hristopher er or authorized re	WISEMAN presentative of a men	iber			

Page 3 of 3