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2023 USC -4 PH 5: 38

9 12/15/2023

COVER LETTER

TO: Registration S Division of Co			ji.
	A MANAGEMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ESTHER SULTAN		
		Name of Person	
	ES MEDIA MANAGEME	ENT LLC	
		Firm/Company	
	488 NE 18TH ST, UNIT 1	208	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
		T@SULTANESTER.COM to be used for future annual report noti	fication)
For further information	concerning this matter, please co		
ESTHER SULTAN		786 881-0858	
Name	of Person	at () Area Code Daytim	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	.27	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DEC -4 PM 5: 38

ES MEDIA MANAGEMENT, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears of lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number 1.21000429883	lity Company were filed on 09/30	0/2021 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here	<u>2</u> :
MATTERIA AGENCY LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	ignation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Neglistered Office Hadress.	Enter Florid	a street address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	md complete performance of n red agent as provided for in Ch istered office address, I hereby	vy duties, and I am familiar with and papter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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(If an eff <u>Note:</u>	ive date, if other than fective date is listed, the date in serted in the fective date on	ne must be specific his block does no	and cannot be prior of meet the applic	able statutory filing	ore than 90 days afte	onal) r tiling.) Pursuant to 60 s date will not be lis	95.0207 (3 sted as the
ne recor ord is fi	rd specifies a delayed ef lled.	Tective date, but i	not an elfective ti	me, at 12:01 a.m. c	on the earlier of: (I	o) The 90th day aft	er the
Dated	NOVEMBER.14		2023	<u> </u>			
	Esther Sult	an					
	Esther Sultan Nov 21, 2023	1 13.05 AST)					
	Esther Sultan (No21, 202)		f a member or auth	orized representative	of a member		

Filing Fee: \$25.00