Florida Department of State Division of Composation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future ___ annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JB MEDIA TEAM LLC

Certificate of Status	0
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To: 18556176383 From: 12147128131 Date: 10/22/21 Time: 9:58 AM Page: 02/04

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000394124 3)))

JB Media Team LLC		
(Nume of the Limi	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited I lorida document number L21000443741	Liability Company were filed on 1	0/11/2021 and assigned
nis amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability company b	<u>nere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company." the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		OCT 22 At 9: 34 a
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our ess here:	records, enter the name of the new ress
Name of New Registered Agent:		
New Registered Office Address:	6620 Indian Creek Drive #211	lorula street address
	r.mer F i	
	Miami Beach	, Florida <u>33141</u>

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

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If amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

(((H21000394124 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan B. Haughney	6620 Indian Creck Drive #211	
		Miami Beach, FL 33141	□Remove
			\ \ _Add
			Remove
			☐ Change
			🗆 Add
			□Remove
			Change
_			🗆 Add
			□Remove
			Change
			
			Remove
			[] Change
			🗀 Add
			□Remove
			□ Change

To: 18536176383 From: 12147128131 Date: 10/22/21 Time: 9:58 AM Page: 04/04

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Note: If	e date, if other than the care date is listed, the date must the date inserted in this bloot's effective date on the Dep	ek does not m	ect the applica	to date of filing of able statutory f	more than 90 day ling requirement	(optional) s after filing.) Pursi s, this date will r	ant to 605,0207 (of he listed as th
ne record s ord is filed	specifies a delayed effective l.	date, but not	иn effective ti	me, at 12.01 a.	m, on the earlier	of. (b) The 90th	day after the
Dated	October 20		2021				
.,	DocuSigned by:			_			
	16/200						
	3ER237E 6CCF84DP.	Signature of a n	nember or author	orized represents	tive of a member		

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