L21000462956

| (Requ | uestor's Name |) |
|-----------------------------|----------------|--------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Na | me) |
| (Docu | ıment Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Fil | ling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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08/21/24--01029--016 **55.00





COVER LETTER

| 10: | | ration Sec on of Corp | | | | |
|--|----------------|---|---|--|---|------------------|
| SHRIF | ຕາເ. In | ıdian Ri | ver News, LLC | | | |
| (101)31. | c | | Name of Lim | ited Liability Company | | |
| The encl | losed Ai | rticles of z | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all | correspoi | ndence concerning this matter | to the following: | | |
| | | | Ryan Blade | | | |
| | | | | Name of Person | | |
| | | | | Firm/Company | | |
| | | | P.O. Box 131 | | | |
| | | | Doodond Florida 2 | Address | | |
| Roseland, Florida 32957 City/State and Zip Code | | | | | | |
| | | | ryanmcblade@protoi | · • | lication) | |
| For furtl | ner info | rmation co | oncerning this matter, please of | · | | |
| Ryan | Blade | ! | | 772 300-1515 | | |
| | | Name of | Person | at () | e Telephone Number | |
| Enclose | d is a ch | neck for th | e following amount: | | | |
| \$25 | .00 Filir | ng Fee | ■ \$30,00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | | | | - | ; |
| | Regis Divis | g Address tration S ion of C Box 632 | oction orporations | Street Address: Registration Sec Division of Cor The Centre of T | porations | - : : : |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi | ted Liability Compa (A Florida Limited) | ny as it now appears (Liability Company) | on our records.) | |
|--|--|--|-----------------------------|----------------------|
| The Articles of Organization for this Limited L Florida document number <u>L21000462956</u> | Liability Company | were filed on Oct | ober 25, 2021 | _ and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liab | ility company her | <u>ā</u> : | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the des | ignation "LLC" or the abbro | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2016 13TH A | VE SW | |
| Principal office address MUST BE A STREET ADDRESS) | | VERO BEAC | H, FL 32962 | |
| | | | | |
| Enter new mailing address, if applicable: | | 2016 13TH A | VE SW | |
| Mailing address MAY BE A POST OFFICE BOX) | | VERO BEAC | H, FL 32962 | |
| | | | - | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our rec | ords, enter the name | of the new registere |
| Name of New Registered Agent: | Thomas A. | Kenny | | |
| New Registered Office Address: | 2016 13TH | AVE SW | | |
| | - | Enter Florid | a street address | |
| | VERO BEA | .¢н | Florida <u>329</u> | 62 |
| | | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

INDIAN RIVER NEWS, LLC

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 A

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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 |
|--------------|------------------------------------|----------------------|-----------------|
| Owner | Ryan Blade | P.O. Box 131, | ___\ Add |
| | | Roseland, FL 32957 | Remove |
| | | | Change |
| AMBR | ROCKER KING RADIO PRODUCTIONS, LLC | 2016 13TH AVE SW | |
| | | VERO BEACH, FL 32962 | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | C'hange |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |

| f amending any other infor | rmation, enter change(s) here: (Attach additional sheets, if | necessary.) |
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| Note: If the date inserted in thi | the date of filing: must be specific and cannot be prior to date of filing or more than 90 days is block does not meet the applicable statutory filing requirements the Department of State's records. | |
| record specifies a delayed effe Lis filed. | ective date, but not an effective time, at 12:01 a.m. on the earlier of | of: (b) The 90th day after the |
| June 7th, 2024 | 6:12 P.M. | |
| ated | | · · · · · · · · · · · · · · · · · · · |
| <u> </u> | Signature of a member or authorized representative of a member | - , |
| Byon Blads | | - <u>;;</u> |
| Ryan Blade | Typed or printed name of signee | |

Filing Fee: \$25.00