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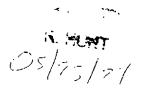
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

NEXUS PHOTOGRAPHY LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KATSIARYNA DZIAMKO Name of Person Firm/Company 1600 NE 1ST AVENUE APT 1604 Address MIAMLEL 33132 City/State and Zip Code KATEDZIAMKO@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KATSIARYNA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** 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

NEXUS PHOTOGRAPHY LLC		
(<u>Name of the Limited L</u>	iability Company as it now appear forida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabil Florida document number L21000499197	ity Company were filed on	1
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :
DEMKO MEDIA LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our re re:	cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florie	la street address
_	Cin	, Florida 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, 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
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fective date, if other than the date of filing: (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ttg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. count specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. J. J		
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Typed or printed name of signee