KAR000016154

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	KARIN HAF	RVEY LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> </u>	Name of Person	
	<u> </u>	HARVEY LL	<u>.C</u>
	1550	BRICKELL ANDE	<u> </u>
		IIAMI FL 33	.129
	E-mail address: (arin @ +zero medito be used for future annual report notification	(a. com : 282
For further information co	oncerning this matter, please c	all:	
Y-CITIX Name o	Harvey Person	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Area Code Daytime Tele	214 5.
Enclosed is a check for th	ne following amount:		• : . 0
S \$25.00 Filing 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)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corpora The Centre of Tallal	ations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Lial	bility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L22.0000</u> [6.15.4].	ere filed on Jan 07, 202	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company here:			
T-ZERO MEDIA, LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A_			
(Principal office address MUST BE A STREET ADDRESS)				
-		72		
	N1/N			
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)				
		10: 0		
		0		
B. If amending the registered agent and/or registered office ade	dress on our records, enter the	name of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent:	N/A			
New Registered Office Address:				
new registered office Address.	Enter Florida street address			
	P1 11			
	, Florid	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•	·		
	and the distance of the LE of			
I hereby accept the appointment as registered agent and agree	to act in this capacity. I furthe	r 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
**			
			□Remove
			□Change
		<u> </u>	□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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O. If amending any ot					
					
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Note: If the date inse	her than the date of ted, the date must be speci erted in this block does date on the Departmen	itic and cannot be prior to s not meet the applica	o date of filing or more ble statutory filing re	(option than 90 days after fil equirements, this d	ling.) Pursuant to 605.020
the record specifies a decord is filed.	clayed effective date, b	out not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated <u>June</u>	2. Signatur	2022_	eizeli representative of	a member	
		Typed or printed	tarveu_		

Filing Fee: \$25.00