K22000031345

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000380784570

2022 FEB 25 AM 8: 23

Anund.

MAR 02 MM I ALBRITTON

COVER LETTER

COVERDETIEN		
TO: Registration Section Division of Corporations		
SUBJECT: Welve lands Media L.C. 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:		
Jennifer Smith Name of Person		
Twelve Lands Media, UC. Firm/Company		
9512 W. Flora St.		
Tampa FL 33615 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jennifer Smith at (503) 302 - 1225 Name of Person Area Code 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. □ \$60.0		

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE

Division of Corporations SECRETARY OF STATE TALLAHASSEE, FL

Letter Number: 022A00003766

February 15, 2022

JENNIFER SMITH 9512 W. FLORA ST TAMPA, FL 33615

SUBJECT: TWELVE LANDS MEDIA, LLC

Ref. Number: L22000021385

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MARIA SERVICES iability Company as it now appears on our records.)

Zip Code

(A Fiorida Limited El	annry Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L220002138</u> 5	were filed on $1-5-2027$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name of the new name of the limited liability or the new name of the new name of the liability or the new name of the new name of t	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

Cuv

· 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 **Type of Action** Address Title Name Vennifer Smith 9512 W. Flora St. DADD Tampa, FL. 336015 _____ □Add _ □Remove _____ □Change ______ DAdd _____ □Change

_____ □Remove

D, II AIIIC	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
(II an effi Note:	ve date, if other than the date of filing:
If the record record is fil	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 ed.
Dated	2 22 2022
0	Signature of a member or authorized representative of a member
	Junifer Inth Isla Smith Typed or printed name of signee

Filing Fee: \$25.00