# (22000076458

(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	
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# **COVER LETTER**

TO:	Registration Se Division of Cor		<i>}</i> - * - •	
SUBJEC		ige Brand LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Armani Humbert		
			Name of Person	
			Firm/Company	
		1950 North Point Blvd Ag		
		(0.11.4 ) Tr. 22.21.	Address	
		Tallahassee FL 32308	·•	
		amoncyphotography@gma	City/State and Zip Code il.com	
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please c	all:	
Armani	Humbert		813 4033144 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed	I is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Address:	
	Registration S Division of C		Registration Se	
	P.O. Box 632		Division of Cor The Centre of T	
	Tallahassee, F	FL 32314		e Street, Suite 810

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

(Name of the Limite	ed Liability Com <sub>s</sub> (A Florida Limited	oany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia lorida document number <u>L22000076458</u>	ability Compan	y were filed on $\frac{2022-02-1}{}$	6 and assigned
his amendment is submitted to amend the follo	owing:		
a. If amending name, enter the new name of	the limited lia	bility company here:	
AP Media Company LLC			
he new name must be distinguishable and contain the we	ords "Limited Liab	oility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applica	ıble:		
Principal office address MUST BE A STREE			
		1950 North Point Blvd.	
Enter new mailing address, if applicable:		Apt 1018	
Mailing address MAY BE A POST OFFICE BOX)		Tallahassee, FL 32308	
		Tittatiassee, 112 52,506	<del></del>
b. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	C.	address on our records,	
-	1050 North D	oint Blyd. Apt 1018	
New Registered Office Address:		Enter Florida street	t address
	Tallahassee		, Florida

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.

> 1 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	Address	Type of Action
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			□Remove
			□ Change

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Effective date, if other than th	e date of filing:		(optional)	
(If an effective date is listed, the date m Note: If the date inserted in this	ust be specific and cannot be prior	to date of filing or more than	90 days after filing.) Pursuant to 605.	5.02 <mark>07</mark> ( ed as t
document's effective date on the	Department of State's records.			
ادامه د میکند میشود با میشود.	- J - 55 J	h	N 12.01	
the record specifies a delayed The 90th day after the re		t an effective time, a	t 12:01 a.m. on the earlie	er oi:
02/06	2024			
Dated	·	_·		
·				
	ani A	mfrt		
<u> </u>	Signature of a member or author	prized representative of a mer	nher	