L2200083507

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2024 IIAY -2 PN 2: 21



COVER LETTER

	tion Section of Corporations	
Heyr	naker Media, LLC (Old Name)	
50DFECT:	Name of L	imited Liability Company
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
The enclosed Artic	cles of Amendment and fee(s) are si	ubmitted for filing.
Please return all co	orrespondence concerning this matte	er to the following:
	Reza Rezvi	
		Name of Person
	New name: Kaze Media	, LLC
		Firm/Company
	50 Biscayne Blvd, #2705	3
		Address
	Miami, FL 33132	
		City/State and Zip Code
	rez@kaze.agency	
For further informa	rmail address	call:
Reza Rezvi		857 389-4507
;	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	
≘ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing A	address: tion Section	Street Address:
	of Corporations	Registration Section Division of Corporations
P.O. Box	x 6327	The Centre of Tallahassee
Tallahas	see, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Heymaker Media, LLC

(Name of the Limited Liability Company as it now appears on our records 0024 HAY -2 PH 2: 24

(A Lie	anda Cimitea i	matrinty Company	"	_	- 111 5. 54
The Articles of Organization for this Limited Liability Florida document number 1.22000083507	y Company	were filed on	Feb 21, 2022	SEUL.	and assigned TE
This amendment is submitted to amend the following	<u>:</u>				
A. If amending name, enter the new name of the l	•	ility aamnany	hama		
			nere:		
The new name must be distinguishable and contain the words	LILL	<u></u>			
The new name must be distinguishable and contain the words "	Limited Liabil	lity Company," th	e designation "L	LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET AD	DRESS)				
		 			
E :: r new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX))				
William Con Villa Billa Con 1 1 Con Boys	4				
B. If amending the registered agent and/or register agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: N//	<u>ne:</u> A		r records, <u>ente</u> Florida street addi		of the new registered
			_ 1	Florida	·
		City	,		Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete d agent as p tered office ge. If Chan	performance orovided for it address, I het aging Registered	of my duties, n Chapter 60: reby confirm	and I am fa 5, F.S. Or, i that the lim	miliar with and f this document is ited liability
	Page 1	L of 3			

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
N/A	N/A	N/A	□Add
			□Remove
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, if other than	n the date	of filing:					(opt	tional)	
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Filing Fee: \$25.00