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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:

	Registration Sec Division of Corp			
aun ie c	BF4L LLC			
SUBJEC	:	Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Burnitt Johnson		
			Name of Person	
			Firm/Company	
		3460 NW 39 St		
			Address	
		Lauderdale Lakes, FL 3336	09	
			City/State and Zip Code	<u> </u>
		rawmedia.llc1@gmail.com		
For furth	er information c	e-mail address: (to be used for future annual report no all:	(treation)
Burnitt J	Johnson		786 308-0282	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section		Registration S	•	
	Division of C P.O. Box 632		Division of Co The Centre of	
	Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BF4L LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 04/06/2022	and assigned
Florida document number L22000164590		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Raw Media LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floo	rida
	Cire	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 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
			□Add
			□Remove
			Change
			[].Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			Change

Ffective date, if other than the date of filing: an 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 603.0207 ate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. record specifics 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. September 22 2022 R. W. Signature of a member of authorized representative of a member			
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	September 22	2022	
Signature of a member or authorized representative of a member		·	
Signature of a member or authorized representative of a member	RIMA	- Andrews	
	- Survive	gnature of a member or authorized representat	ive of a member
		Typed or printed name of signed	

Filing Fee: \$25.00