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COVER LETTER

SUBJECT:	ALL FOR ON Name of Li	E MEDIA, LLC mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	<u>ALE X</u>	RODRIGUE Z Name of Person	
	AU F	OR ONE MEDIA Firm/Company	, &
	911 5	Address	
	BOLA	RATON FL, 3 City/State and Zip Code	3486
		(to be used for future annual report notif	
For further information co	oncerning this matter, please of	call:	
ALEX RO	DRIGUEZ Person	at (321) 591- Area Code Daytime	5743 Telephone Number
Enclosed is a check for th	e following amount:		
SS \$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)

TO:

Registration Section **Division of Corporations**

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	MEDIA, LL	our records.)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Company	were filed on <u>O5</u>	13112022	and assi	gned
Florida document number <u>L 22 00 0 25 0 258</u> .		, ,		
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the design	nation "LLC" or the abl	breviation "L.L.	.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			22	<u> </u>
			<u></u>	
		12.		•
Enter new mailing address, if applicable:		in c	N	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>	<u> </u>
			ਨੂੰ <u>ਨ</u>	
			08	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name</u>	e of the new	<u>registered</u>
Name of New Registered Agent:	_			
New Registered Office Address:				
	Enter Florida st	reet address		
		, Florida		 ::
	City		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 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 of removed from our records:

MGR = Manager

AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
MGR	NATHAM McLEOD	11974 N BRUSS RD,	🗹 Add
		RATHDRUM ID,	83858 □Remove
			□Change
			🗆 Add
			□Remove
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D W Adams	
Signature of a member or authorized representative of a member	