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(Req	uestor's Name)	
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SECRITARY OF STATE

COVER LETTER

SUBJECT:	Name of Lin	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mislene Carlo		
		Name of Person	
	GOLDEN GATES FINAN	NCIAL, LLC	
		Firm/Company	
	8200 NW 41ST Suite #200)	
		Address	
	Doral, FL 33166		
		City/State and Zip Code	
	mcarlo@goldengatesfinanc		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Mislene Carlo		813 285-1596	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
	\$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)
Mailine Address		Street Address	1 38 7 9 7

Mailing Address:

TO:

Registration Section **Division of Corporations**

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

Street Address: Registration Section Division of Corporations Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 81032
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADCLUB MEDIA LLC

(Name of the Lim	ited Liability Co (A Florida Lim	mpany as it now appears ited Liability Company)	on our records.)		
The Articles of Organization for this Limited I		pany were filed on $\frac{07/0}{2}$	18/2022	and assigned	
This amendment is submitted to amend the fol					
A. If amending name, enter the new name	of the limited	liability company her	<u>·e</u> :		
N/A					
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	E BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addronaments. Name of New Registered Agent:	ess here:	ice address on our re	cords, <u>enter the na</u>	ame of the new registere	C
New Registered Office Address:	N/A	Enter Flori	da street address		- The
	N/A			N/A Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	red agent and per and comp gistered agent r registered oj	agree to act in this collete performance of t as provided for in C	apacity. I further only duties, and I an hapter 605, F.S. C	agree to comply with the m faintliar with and property of the comment is limited liability.	
	-			3: 11 STATE	

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>	<u>Name</u>	Address	Type of Action
AMBR	Fernando Rafael Gomez	3040 NW 16th Street	= Add
		Unit A	□Remove
		Miami, FL 33125	□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			Change
		□ Remove	
	 	-	□Add
			SECTION Denange
			EF. S. S. D. Hemove
			□Change

N/A							
							
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fective date, if other than the	date of fili	ing:			(optio	nal)	
n effective date is listed, the date mu te: If the date inserted in this b	st be specifie a lock does no	ind cannot be pr t rucet the apn	ior to date of fili licable statuto	ng or more tha rv filing requ	n 90 days after f irements, this	iling.) Pursua date will ne	int to 605.03 of be listed
cument's effective date on the D				, , ,	·		
ecord specifies a delayed effective	re date, but n	ot an effective	e time, at 12:0	l a.m. on the	earlier of: (b)	The 90th	day after t
is filed.							
, July 10th		2024					_ •
ted			·			7 338	2021
		1-	47				2024 אטובן
						***	,
	Signature of	a member or at	thorized repres	entative of a m	ember	HAS	~~

Filing Fee: \$25.00