L22000307845

	(Requestor's Name)	
 	(Address)	
	(Address)	<u> </u>
	(City/State/Zip/Phone #)	
PICK-U	JP WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
		- 1
Special Instruction	is to Filing Officer:	
	J. HORNE	
	OCT 28 2022	
	-	

Office Use Only



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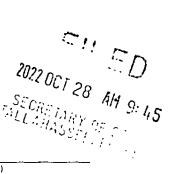
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	pscale Dia	ital Media L led Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	<u>Jessica</u>	V. Joseph	
		Firm/Company	
	POBO	0X 380683 Address	
	Mian	ni, FL 3323	38
	Upsculedio E-mail address: (1	italmedia 22 @C	grail-Com
For further information co	ncerning this matter, please co	di:	
Jessica V	Joseph	ai (845) 459 -	- 9414
Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	e following amount:		
SI \$25.00 Filing Fee	S30.00 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: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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 Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on JUY	11/2022 and assigned
Florida document number <u>L22000307845</u>	9	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	 ;	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name of the new registered
agent and/or the new registered office address here:		
N. C. P. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	• • •	

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 or removed from our records:

MGR = 1 Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m</u> GR	Akiel K Griffith	6231 Johnson St Hollywa	CC MAdd
			Remove
			□Change
AMBR	Jessica V Joseph	6231 Johnson St. Holly rea	₹ BAdd
	·		□Remove
			() Change
			🗀 Add
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			□Remove
			DChange
			[]Add
			□Remove
			□ Change

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	
	
 Note: If the date 	if other than the date of filing:
the record specifies cord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OCTO	ober 28, 2022.
	Signature of a member or authorized representative of a member
	JESSICA V. JOSEPH Typed or printed name of lighter

Filing Fee: \$25.00