122000347309

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(Submission Entry Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			. -
SUBJE	ECT: LAST CLIC	CK MEDIA LLC		
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		PATRICK HINCHY		
		THE REAL PROPERTY OF THE PARTY	Name of Person	
		LAST CLICK MEDIA LI		
			Firm/Company	
		101 E CAMINO REAL, A		
			Address	
		BOCA RATON, FLORID		
		PATRICK.HINCHY@LAS	City/State and Zip Code STCLICKMEDIALLC.COM	
			to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
Patricl	k Hinchy		at () 6316017208	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$ 2	5.00 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)
	Mailing Address	<u>::</u>	Street Address:	

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

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

T 11. ...

2023 JUL 10 AM 7: 40 LAST CLICK MEDIA LLC (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 AUGUST 8, 2022 _____ and assigned Florida document number 1.22000347309 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 101 E CAMINO REAL, APT 517 Enter new principal offices address, if applicable: BOCA RATON, FL 33432 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

____, Florida ___

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
MGR	MATTHEW HINCHY	603 TOWNHOUSE DR, CORAM, NY 11727	= Add
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			□ Change
			🗀 Add
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fective date, if othe	r than the date of fil	ling:	1	(optional)	405 0207
in effective date is listed, ofe: If the date inserte	the date must be specific and in this block does no	and cannot be prior to of meet the applicabl	le statutory filing requ	an 90 days after filing.) Pursuan uirements, this date will not	be listed as
cument's effective da	te on the Department of	of State's records.	, ,		
ecord specifies a dela	yed effective date, but i	not an effective time	e, at 12:01 a.m. on the	e earlier of: (b) The 90th d	ay after the
is filed.	•				
ited JULY 6,		2023	. /		
		1/2/			
			ed representative of a r		

Typed or printed name of signee