L22000484396

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COVER LETTER

TO:	Registration Se Division of Cor						
CUDIE	Muze Medi						
SUBJE	CI:	Name of Limited Liability Company					
		Amendment and fee(s) are sub					
		Jaquline Fischer					
		·	Name of Person	 			
			Firm/Company				
		50 Biscayne Blvd #4506					
			Address				
		Miami, FL 33132					
			City/State and Zip Code				
		jaqulinefischer@gmail.com E-mail address: (to be used for future annual re	port notification)			
For furt	her information c	oncerning this matter, please c		,			
Jaquline	e Fischer		561 235-	1555			
	_	f Person	at () Area Code	Daytime Telephone Number			
Enclose	d is a check for th	ne following amount:					
□ \$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)			
	Mailing Addres	<u>s:</u>	Street Add	ress:			

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

Jaquie Ohh Photo 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 November 14, 2022 and assigned Florida document number L22000484396 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Muze Media LLC The 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 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: Enter Florida street 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.

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
			□Remove
		- 	□Change
			□ Add
			□Remove
			Change
			□Remove
			Change
			
			□Remove
			□Change

-	
	
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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to atutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at ecord is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January 9 , 2023	
Signature of a member or authorized	management the of a mambar
Jaquline Fischer	epresentative of a member

Typed or printed name of signee