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2023 SEP 18 AH 7: 15

y 10/3/2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Hasson Fundation L.L.C	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scrivel Hasson	
Name of Person	
The Hasson Fundation L.L.	
7728 San Mateo DR	
BOLA Ration, FL 33433	
BOCA Ration FL 33433 City/State and Zip Code Sattle hasson Q Vahor. com E-mail address: to be used for future annual report notification)	
For further information concerning this matter, please call:	
Same of Person at 1 56 i	
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status ☐ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Mailing 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

9		
The Hasson Foundati	of L.L.	2023 SEP 18 AH 7: 15
(Same of the Limited Liability Compan (A Florida Limited L	y as it now appears on our recability Company)	<u>ords.</u>) /
	were filed on 12/13/	/22
The Articles of Organization for this Limited Liability Company	were filed on $\frac{13}{13}$	and assigned
Florida document number <u>L120005222}1</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Gemini Media I.I.		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "I	A.C" 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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ler the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	. <u> </u>	
	Enter Florida street add	liess
		Florida
	Cny	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
		□Add	
		Remove	
		□Change	
		□Add	
		□Remove	
		☐ Change	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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	MA Transmitted to	□Add	
		□Remove	
		☐(Thange	
		□Remove	
		□ Change	

E. Effect	ive date, if other than the date of filing:
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020743. If the date inserted in this block does not meet the applicable statutory filing (equirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco ecord is f	
Dated	Signature of a member or authorized representative of a member
	1. A.
	Signature of a member or authorized representative of a member
	Samuel Hasson

Typed or printed name of signee