## LZ2000622822

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		

Office Use Only



100399283861

01/00,/23--01029--009 (488.00

3/29/23 VIN.

2023 JAN - 3 PM 4: 38

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Media Matr	ix LLC		
30bil.C1.	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sue Rose-Padalino		
		Name of Person	
	Media Matrix, LLC		
		Firm/Company	
	125 N. Golfview Rd., 1		
	•	Address	
	Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Sue Rose-Padalino  Name of Person  Media Matrix, LLC  Firm/Company  125 N. Golfview Rd., 1  Address  Lake Worth, FL 33-460  City/State and Zip Code  sue_rose@mediamatrx.com  E-mail address: (to be used for future annual report notification)  in concerning this matter, please call:  at (		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Sue Rose-Padalino			
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address			orion
Registration S Division of C		Registration Secondary	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: noreply@patlive.com <noreply@patlive.com>

Sent: Tuesday, March 28, 2023 2:38 PM

To: Cushing, Diane < Diane. Cushing@DOS. MyFlorida.com >; Toner, Sean < Sean. Toner@DOS. MyFlorida.com >; Yarbrough,

Lee <Lee.Yarbrough@DOS.MyFlorida.com>; Varnadore, RoseAnn.Varnadore@DOS.MyFlorida.com>;

patrick.campbell@patlive.com
Subject: Amendments Form

## EMAIL RECEIVED FROM EXTERNAL SOURCE

Name: Sue Rose-Padalino

Phone: 202-760-8961

Email: sue\_rose/a/mediamatrx.com

Document Type: LLC Ammendment

Document/Reference Number: L22000522822

Payment Type: Check

Payment Details: \$30

Nature of Issue: Ms. Rose-Padalino got her ammendment rejected for not specifying a change to her Registered

Agent, but shes not ammending her registered agent and is only changing the business name.

Comments: 523A00005956

Transfer Result: Not Reached

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Media Matrix, LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document number L22000522822	were filed on 12/13/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MediaMatrx LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		
	Í	SSS P M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		77 <b>3</b>
•		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	tristable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." ices address, if applicable:    MUST BE A STREET ADDRESS	
	, Florida	
	City	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 accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and f this document is

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>	Name	Address	Type of Action
		125 N Golfview Rd. 1. Lake Worth, FL 32460	□Add
			🖸 Remove
			□Change
			🗀 Add
			□ Remove
			□ Change
			🗆 🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

			·					
	<u>-</u>							
								•
<del></del>								-
<del></del> -								-
<del></del>				· · · · · · · · · · · · · · · · · · ·				<u>-</u>
<del></del> -						,		-
								•
				<del></del> -				-
				<del></del>			· · ·	
				· · · · · · · · · · · · · · · · · · ·				-
<del></del>			· · · · · · · · · · · · · · · · · · ·		<del></del>			-
					· · · ·			-
								-
								-
								-
								-
Note: If the date	f other than the s listed, the date must inserted in this ble tive date on the De	t be specific and ock does not m	cannot be prior leet the applic	to date of filing able statutory:	or more than 90.		g.) Pursuant to 60:	
e record specifies rd is filed.	a delayed effective	e date, but not	an effective ti	me, at 12:01 a	.m. on the earh	er of: (b) T	he 90th day afte	er the
. 12/16		•	2022					
Dated			<i>i</i> —)—	1 6	~ 			
Dated	Du	Liv	+10					
Dated	Du	Signature of a n	nember or auth	orized represent	ative of a member	::		

Filing Fee: \$25.00