L23000011352

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only State Light Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

Office Use Only



400411660714

07/05/23--01027--007 **25.00

TALL AHASSEF, ELORIN SECRETARY CESTALE SECRETARY CESTALE

vA

COVER LETTER

TO: Registration Section Division of Corporations							
SUBTRON M	Kimmuna I ME	60.A 1.L.C					
SUBJECT:	SUBJECT: MECALUDON MEDIA LLC Name of Limited Liability Company						
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	Micita	YEL ANCUILLE Name of Person					
	MECAL	Name of Person DON MEDIA LLC. Firm/Company					
		YUNY K					
	DELRA	4 BEAUT FL 33	446				
	E-mail address: (City/State and Zip Code CITY/State and Zip Code	411. Com				
For further information co	ncerning this matter, please ca	all:					
M. Citra	Anounce	at (561) (667-5	1346				
Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a check for the	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 Address: Registration So Division of Co	ection rporations	Street Address: Registration Sec Division of Corp	porations				
P.O. Box 6327 Tallahassee, Fl		The Centre of Ta 2415 N. Monroe Tallahassee, FL	Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FEDIA, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>i2300011357</u> .	were filed on 14 207	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		023 EC
Enter new mailing address, if applicable:		SSE SSE
Mailing address MAY BE A POST OFFICE BOX)		ms: 🚁 🚺
		9 5 5 C
		D _A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registered
igent and/or the new registered office address here:		
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street ada	iress
		Florida
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MUR	MICHAEL VINCENT ANGUILLE	487 SAXONY K	ElAdd
	Anguille	DELRAT BEACH FL 33441	<u>Ø</u> □Remove
			□Change
MGR	MICHAEL R. EVERETT	5916 SÉ OGDEN CT. PORTUANO OR 97206	BAU
	JR.	PORTLAND, OR 97206	□ Remove
			□Change
			□Add
		_ _	□ Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member