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COVER LETTER

TO: Registration Sec Division of Corp	ction porations		N.
	Media , LLC		•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Roy Li		
		Name of Person	
	Sunconnect Media, LLC		
		Firm/Company	
	1828 Landing Dr Apt A		
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Roy Li Name of Person Sunconnect Media, LLC Firm/Company 1828 Landing Dr Apt A Address Sanford, FL 32771 City/State and Zip Code royli57@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: of Person at (408 / Area Code) Daytime Telephone Number the following amount: S30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Sanford, FL 32771		
		City/State and Zip Code	
		to be used for future annual report not	dification)
For further information c			
Roy Li			
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres	55:	Street Address:	
Registration	Section	Registration S	
Division of C P.O. Box 632	•	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunconnect Media, LLC		
(<u>Name of the Limited Lial</u> (A Flor	hility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L23000015157</u>	y Company were filed on 1/6/23	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the b	imited liability company here:	
Lakewood Media , LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	2
Trincipal office address 17051 BE (1511EB) 115		,
		
The state of the state of applicable		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	ı address
		, 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
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record specifies a delayed The 90th day after the reco		not an effective tir	ne, at 12:01 a.m.	on the earlier o
January 19	2023			
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Filing Fee: \$25.00