To: 18506176383 From: 12147128131 Date: 06/12/23 Time: 4:50 PM Page: 01/04

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZION MEDIA NETWORK LLC

RECEIVED AREA JUN 12 PM 1: 53 DEPARTMENT OF STATE DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help S. ROBERTS

To: .18506176383 From: 12147128131 Date: 06/12/23 Time: 4:50 PM Page: 02/04

ARTICLES OF AMENDMENT

	TO TO	
	ARTICLES OF ORGANIZATION	-
	OF	
	ZION MEDIA NETWORK LLC (Name of the Limited Liability Company as it now appears on our re	ecards i
	(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	(CO103)
ne Arti	cles of Organization for this Limited Liability Company were filed on 01/09/2023	and assigned
lorida d	locument number L23000019477	
his ame	endment is submitted to amend the following:	
	•	
. If an	nending name, enter the new name of the limited liability company here:	
e new n	name must be distinguishable and contain the words "Limited Liability Company," the designation	·Lul
nter ne	ew principal offices address, if applicable:	: =
rin <u>cip</u>	al office address MUST BE A STREET ADDRESS)	
		ä
nter no	ew mailing address, if applicable:	
Jailing	address MAY BE A POST OFFICE BOX)	
	imending the registered agent and/or registered office address on our rec ed agent a <u>nd/or the new registered office address h</u> ere:	ords, enter the name of the n
<u>gistet t</u>	ed agent and/or the new registered office address here.	
	Name of New Registered Agent:	
	New Registered Office Address: Enter Florida street a	ddress
	Emer with a second	man miles.
		Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

(((H23000210964 3)))

To: 18506176383 From: 12147128131 Date: 06/12/23 Time: 4:50 PM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

(((H23000210964 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Fedelin Thelicieux	10412 Daybreak Glen	D Add
		Parrish, FL. US. 34219	Remove
			Change
AMBR	Harry Dessources	4104 Lindever Ln	Add
		Palmetto, FL. US, 34221	□ Remove
			Change
AMBR	Ruth Corneille	5535 36th Ct E Apt 103	A dd
		Ellenton, FL, US, 34222	Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
			Change

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fective date, if other than the neffective date is listed, the date in the late in this cument's effective date on the	ust be specific and cannoblock does not meet t	he applicable stat			
record specifies a delay The 90th day after the re		but not an ef	fective time, at 1	.2:01 а.m. оп t	he earlier of:
ited June 9	: 20:	·			
	_		resentative of a membe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00