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COVER LETTER

Division of Corporations			
SUBJECT: (Mihr		1 LLC	
	Name of Limited L	іаошту Сотрану	
The enclosed Articles of Amendment and	fee(s) are submitted	d for filing.	
Please return all correspondence concerni	ng this matter to the	: following:	
(ng)		Name of Person Eign/Company	
10334		Cove Circle Address	
Santa	old FL	32771	· · · · · · · · · · · · · · · · · · ·
	mail address; (to be u	a 4 @ amount report notifical	tion)
For further information concerning this m		y	
(160() E Millionel Name of Person		at (<u>756)</u> 780 - 9 Area Code Daytime Te	3044 Elephone Number
Enclosed is a check for the following amo	unt:		
\$25.00 Filing Fee		\$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 Section		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

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 OF

GMithemedia LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1117 Florida document number L23000031157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Title Name Address Type of Action MGB Martinez Adonis 11218 sw 71s+1N DAdd Miami, FL 33173 Remove NGR Berdion, Grisel 17785 Sw 111 ave - Add Miami, FL 33157 ARemove ______ Change □Remove

						
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e: If the date inserted	d in this block does no e on the Department o	st meet the applicable	e statutory filing red	quirements, this c	late will not	be listed a
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ord specifies a delaye	ed effective date, but r	not an effective time.	at 12:01 a.m. on th	ne earlier of: (b)	The 90th d	lay after the
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Filing Fee: \$25.00