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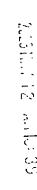
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TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

BIZ MEDI SUBJECT:				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Asrorjon Tohirjonov			
Name of Person				
		Firm/Company		
	9000 Elan Cir APT i l 1			
	Orlando, FL 32836	Address		
		City/State and Zip Code		
	asror.t.1223@gmail.com			.ر.
		to be used for future annual report notif	ication)), C. C.
For further information c	oncerning this matter, please of	all:		J
Asrorjon Tohirjonov		407 457-2233		; .
Name of Person		at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Sec	tion	
Division of Corporations		Division of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIZ MEDIA LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I	liability Company were tiled on	February 3 and assigned
Torida document number 1.23000064042		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		· ·
inter new mailing address, if applicable:	<u> </u>	
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	·
		17 1
B. If amending the registered agent and/or gent and/or the new registered office addronal Name of New Registered Agent:		r records, <u>enter the name of the new regi</u> s
	9000 Elan Cir Apt 111	
New Registered Office Address:	·	lorida street address
	Orlando	Florida 32836
	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. Thereby 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	<u>Name</u>	Address	Type of Action
MGR	ASRORJON TOHIRJONOV	9000 Han Cir Apt 111	🗆 Add
		Orlando, Ft. 32836	□Remove
MGR	KOBULJON AKHMEDOV	11934 Silverlake Park Dr	🗆 Add
		Windermere, FL 34786	□Remove
			€Change
			- DAdd
			Remove
			Change
			i i □Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. 2023 February 14 Signature of a member or authorized representative of a member ASRORJON TOHIRJONOV Typed or printed name of signee

Filing Fee: \$25.00