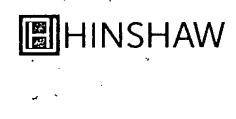


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HINSHAW & CULBERTSON LLP

Attorneys at Law 151 North Franklin Street Suite 2500 Chicago, IL 60606

Emily Halpin ehalpin@hinshawlaw.com

312-704-3000 312-704-3001 (fax) www.hinshawlaw.com

May 21, 2024

VIA UPS

Registration Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Articles of Amendment to Articles of Organization of Aequestrian Media LLC

To Whom it May Concern:

Please find enclosed the following documents for the processing of the Articles of Amendment to Articles of Organization of Acquestrian Media LLC

- Articles of Amendment
- Check for \$25,00 for the report filing fee.
- Prepaid UPS Envelope

May you please process the enclosed amendment and return a filed copied in the enclosed prepaid UPS envelope? If you have any questions or concerns, please contact me at (312)704-3017 or by email at ehalpin@hinshawlaw.com.

Very truly yours,

HINSHAW & CULBERTSON LLP

Emily Halpin Paralegal

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	RIAN MEDIA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emily Halpin		
	· ·	Name of Person	
	Hinshaw & Culbertson I.I.	.p	
		Firm/Company	
	151 N. Franklin St., Suite	2500	
		Address	
	Chicago, IL 60606		
		City/State and Zip Code	
	andriestanka@icloud.com	to be used for future annual report noti-	Cauri and
For further information c	n-mail address: i oncerning this matter, please c		iteativis)
Emily Halpin		312 704-3017	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Sec	ction
Registration Section Division of Corporations		Division of Cor	porations
P.O. Box 6327		The Centre of T	
Tallahassee, FL 32314		Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEQUESTRIAN MEDIA LUC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor hability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 2/20/2023	and assigned
Florida document number 1.23000090829		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		14.50
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
man can be a second of the sec		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	PM .
	, F	Torida Zip Code
	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>	Address	Type of Action
AMBR	KARLA CAMPBELL	21751 SE 35TH ST., MORRISTON, FL 32668	🗆 Add
			= Remove
			[] Change
AMBR	AUDRIE STANKA	21751 SE 35TH ST., MORRISTON, FL 32668	≣Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			i]Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
<u>Note:</u> If	date, if other than the date of filing:
f the record s record is filed	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 20. 2024
	Signature of a member or authorized representative of a member
	Audrie Stanka
	Typed or printed name of signee

Filing Fee: \$25.00