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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: _SUC	Stine Welling	Managemer ited Liability Company	HL.L.C.
	Amendment and fee(s) are submitted		
		•	
	Ja	nae Kangl	90
	Sunstine	Media Man	agement L.L.C
	175 Sand	Kay EStates	dc
	CLe	City/State and Zip Code	33767
		a cagmail. Com	cation) 123 H&R
For further information co	oncerning this matter, please ca	ill:	; <u> </u>
Jana of	Kamajian Person	at (<u>424</u>) <u>599</u> - Area Code Daytime	Telephone Number 7 1 1 1 8
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	MANAGEMENT	cords.)
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	 ,
The Articles of Organization for this Limited Liability Compa	ny were filed on 2/22	12 and assigned
Florida document number <u>443 000 09 6 15</u> 8	7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	Management	CLLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	175 Sand	Key Estates de
(Principal office address MUST BE A STREET ADDRESS)	- Cleanus	ter, FL, 33767
	4) i
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
D. Maranatia di Control de Contro		;
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:	unchanged	
New Registered Office Address:	,	1''
	Enter Florida street ac	ldress
	_	, 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.

Unchanged

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
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the date inserted in this block does not meet the applicable statutory filing requirements, this effective date on the Department of State's records.	fter filing.) Pu	ursuant to II not be	o 605.020 Histed as
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: I.	(b) The 9	90th day	after the
3/8/23			
Janae Kamajan Janae Kamajan Tanae Kamajan Typed or printed name of signee			_
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