

L23 0000 98451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

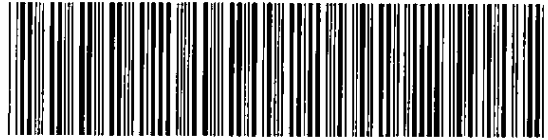
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SECRETARY OF STATE
TALLAHASSEE, FL.

2024 SEP 13 AM 7:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P2P Media LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bethzaida Santana
Name of Person

Firm/Company

1632 Sylvan Circle
Address

lake Placid, FL. 33852
City/State and Zip Code

p2pmedia11c@gmail.com
Email address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Bethzaida Santana at 856 243-0830
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

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

Street Address:

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

D2P Media LLC

The Articles of Organization for this Limited Liability Company were filed on 02/23/2023 and assigned.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Georgina Santana	1632 Sylvan Circle Lake Placid, FL 33852	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Betzaida Santana	1632 Sylvan Circle Lake Placid, FL 33852	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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/	/	/	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered Agent Address (change)

Betzaida Santana
1832 Sylvan Circle
Lake Placid, FL 33852

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated

9/8/21

Signature of a member or authorized representative of a member

Betzaida Santana

Typed or printed name of signee