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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	·
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(Business Entity Name)	
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COVER LETTER

TO: Registration Sec Division of Corp			·
SUBJECT: A 15	Creative 1	Media UC	
		nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alis	Wartinez	
		Name of Person	
	ALSL	reative Med.	a UC
		Firm/Company	
	501 W	SITCA ST	
		Address	
	Tri	City/State and Zip Code CMedia Luc (a) code to be used for future annual report north	2023 AUG 21 PH 4: 09 SECRETARY OF STATE TAULAND SEE, FL Greation
		City/State and Zip Code	- 10 2 F
	ALISCREativ	e Mediallo @ o	Production)
	E-mail address: (to be used for future annual report not	Reation)
For further information co	oncerning this matter, please c	all:	7.7
Alix Mc	intine?	781 K(1)	ED44
Name of	Person	at (<u>7 &) 56 ()</u> Area Code Daytim	2 Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
/			
Mailing Address Registration S	-	Street Address: Registration Sec	rtion
Division of Co		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	1. 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALis Creative N	ledia LC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>23</u> CCO 1123 E2	were filed on 03032	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
		202 SE
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	Sabbreviation "L.I.C."
Enter new principal offices address, if applicable:		<u>></u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		· M· · ·
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
	<u> </u>	-
B. If amending the registered agent and/or registered office	address on our records, <u>enter the n</u>	ame 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	
	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.

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
MGR	ALIS MARTINEZ	SOLW STIKA ST TAMPA FL 336	<u>°C√</u> ⊠∕Add
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). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing: \(\frac{1}{2} \) \(\frac{7}{2} \) \(\f
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 ed.
Dated _	-50/1/31 - 2023 Aver
	Signature of a member or authorized representative of a member
	Mis MAX+inez Typed or printed name of signee