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From:

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COVER LETTER

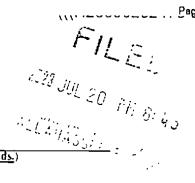
TO: **Registration Section** Division of Corporations LACORAZZA PROGRAMMING NETWORK LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LACORAZZA PROGRAMMING NETWORK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/12/2023 The Articles of Organization for this Limited Liability Company were filed on and assigned L23000181662 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 509 Nw 21st Terrace Enter new principal offices address, if applicable: Fort Lauderdale, FL 33311 (Principal office address MUST BE A STREET ADDRESS) 509 Nw 21st Terrace Enter new mailing address, if applicable: Fort Lauderdale, FL 33311 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name 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 ___ 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>	Name	Address	Type of Action
AMBR	August R Lacorazza	509 Nw 21st Terrace	□Add
		Fort Lauderdale, FL 33311	□ R amuu
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			□Add
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	Signature	Mugazid of a member or ac	thorized repre	o Sentative of a green	L iber		
Dated July 19th		2023	·	2			
If the record specifies a delayed record is filed,	effective date, bu	I not an effective	e time, at 129) Fa.m. on the ea	rlier of: (b)	The 90th day after	er the
F. Effective date, if other the than effective date is listed, the Note: If the date inserted is document's effective date of	date most be specifi in this block does i	c and cannot be pr not meet the app	ior to date of f dicable statut	ling or more than 5	(option 00 days after ti ements, this o	ling.) Pursuant to 60	15,0207 (3)(1 a cd as the
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