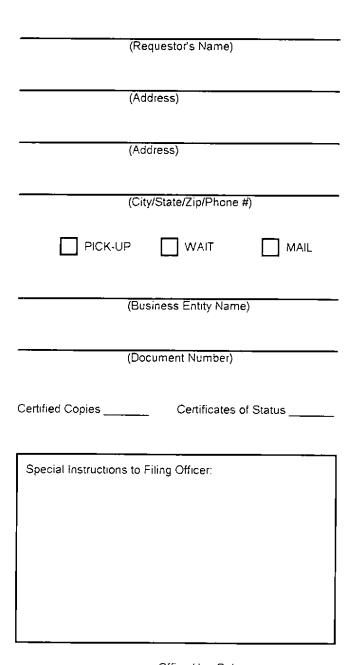
L23000189558



Office Use Only



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COVER LETTER TO: Registration Section Division of Corporations SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: 401 N Ashley Dr. # 1730 84 empa, FL 336 72 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy ☐ \$60.00 Filing Fee, (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: P.O. Box 6327 Registration Section Tallahassee, FL 32314 Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Apex Media Promo!	tions, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our re bility Company)	cords.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23000189558</u> .	ere filed on	$\frac{5}{23}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Talcon Partners, LLC The new name must be distinguishable and contain the words "Limited Liability		ot I C'' as the abbreviation of I C''
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Same as	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	5.5.3.5.4.2.5.6.2.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent: Same		
New Registered Office Address:	Enter Florida street a	ddress
	, Florida	
	Cîty	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

<u>N</u>

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: 10 15 173 (optional)
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 10 25 23 Dullow The Date of a member
Mike Remaio Typed or printed name of signee

Filing Fee: \$25.00