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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: Adam Shilling Films LLC DOCUMENT NUMBER: L23000191509 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Shilling Name of Contact Person Adam Shilling Films LLC Firm/ Company 820 Shore Drive Address North Palm Beach, FL 33408 City/ State and Zip Code Adam@PeakstoReefsMedia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (202) 855-0629 ...

Area Code & Daytime Telephone Number Adam shilling Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, Fl. 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Adam Shilling Films LLC

2023 OCT -2 PM 1: 09

(<u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	pany as it now appears Liability Company)	on our records.)	
	·		TALL	MRY OF STATE AMASSIN PL
The Articles of Organization for this Limited I		y were filed on $\frac{047}{2}$	18/2023 ————	and assigned
Florida document number L23000191509				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lia	hility company he	re:	
Peaks to Reefs Media LLC				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the de	signation "LLC" or th	ie abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		<u> </u>
(Principal office address MUST BE A STRE				
		X1/1		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or	-autotored office	addrase on our re	wards antar the r	name of the new registered
agent and/or the new registered office addr		address on our re	cords, enter the n	taine of the new registeree
Name of New Registered Agent:	N/A			
New Registered Office Address:				
New Registered Office Address.		Enter Flori	ida street address	
	N/A		. Florida	ı
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of thi	per and complet gistered agent as gregistered offic	te performance of s provided for in C	my duties, and La Thapter 605, F.S.	um familiar with and Or, if this document is

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
		·	□Add
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			□Change

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