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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DES-MEDIA GROUP LLC
Name of Entity to be Registered

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Shultz
Name of Person

DES-MEDIA GROUP LLC
Name of Entity

520 1st Ave NE Unit B
Address

Largo FL 33770
City and State

David@DES-MEDIA.COM
E-mail address (to be used for future correspondence)

For further information concerning this matter, please call:

David Shultz
Name of Person

727 459-8889
Area Code Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$25.00 Filing Fee
Certificate of Status
Additional copies of documents

☐ \$50.00 Filing Fee
Certificate of Status &
Certified Copy
Additional copies of documents

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

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DES-MEDIA GROUP LLC

(Name of the Limited Liability Company as it appears on its records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/22/23 and assigned
Florida document number L23000251577

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~DESIGN~~ DES Investing LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to abide by 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: change amount sheets to 150,000

F. Effective date, if other than the date of filing: _____ option _____

Note: If the date inserted in this block does not meet the applicable requirements, the date must be the date of the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 2/26/2044


Signature of Chris

David Shultz

Types of people found in the area