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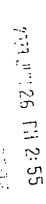
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | • |
|--|---|
| SUBJECT: NULDTUS MEDIA G | RNO LTI) LLC. |
| • = | ted Liability Company |
| The enclosed Articles of Amendment and fee(s) are subm | nitted for tiling. |
| | |
| Please return all correspondence concerning this matter to | o the following: |
| FLEANOR | G. HEMRY Name of Person |
| Nulotus M | EDIA GRAP LTD LLC Firm/Company |
| 14.31 Simp | Address Puite 2532 |
| Kissimme | Le Florida 34744 City/State and Zip Code City/State and Zip Code |
| | Source annual report notification |
| For further information concerning this matter, please cal | |
| ELEANOR G. HENRY Name of Person | at (<u>\$63</u>) <u>326-8539</u> Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. |
| \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| The Articles of | of Organization for this Limite | ed Liability Company were filed on <u>IV Au</u> å | 16,2023 and assigned |
|---|--|--|--|
| Florida docun | nent number <u>L 23000</u> | 258982 | |
| This amendm | ent is submitted to amend the | following: | |
| A. If amendi | ing name, <u>enter the new na</u> n | me of the limited liability company here: | |
| | | | |
| The new name n | nust be distinguishable and contain t | the words "Limited Liability Company," the designation "LL | .C" or the abbreviation "L.I.,C." |
| Enter new pr | incipal offices address, if ap | pplicable: <u>(<i>Principal office address MUST BE A</i></u> | STREET ADDRESS) |
| - | | | |
| | | | 25 |
| | | | P:: |
| Enter new mailing address, if applicable: | | | |
| | | <u></u> | 1 50 |
| (Mailing add | ress MAY BE A POST OFFI | <u>CE BOX)</u> | |
| <u>registered</u> | Ing the registered agent and I agent and/or the new regis | or registered office address on our records, <u>en</u> <u>tered office address here</u> : | ner the name of the new |
| New | Registered Office Address: | Enter Florida street addi | |
| | | Estier i torstaa sireet aaan | ess |
| | | , F | H orida Zip Code |
| New Registere | d Agent's Signature, if changing | • | 5, 1 22 |
| provisions of accept the ob- being filed to | all statutes relative to the poligations of my position as r | tered agent and agree to act in this capacity. I five proper and complete performance of my duties, a pregistered agent as provided for in Chapter 605 The registered office address, I hereby confirm the te. | and I am familiar with and . F.S. Or, if this document is |
| | noved from our records: | If Changing Registered Agent, <u>Signature</u> rized to manage, <u>enter the title, name, and add</u> | |
| | thorized Member | | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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