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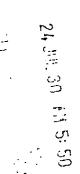
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Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

	gistration Section		
oun meet.	BLIND MEDI	IA LLC	
SUBJECT:		Name of Limited Liability Company	
The enclose	d Articles of An	mendment and fee(s) are submitted for filing.	
Please return	n all corresponde	dence concerning this matter to the following:	
		Amav Khandelwal	
		Name of Person	
		BLIND MEDIA LLC	
		Firm/Company	
		10210 Meadow Crossing Dr	
		Address	
		Tampa, FL, 33647	
		City/State and Zip Code	
		blindmediallc@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For further i	nformation cond	cerning this matter, please call:	
Arnav Khai	ndelwal	813 833-7501 at ()	
	Name of Pe	Person Area Code Daytime Telephone Number	
Enclosed is	a check for the f	following amount:	
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of (additional cupy is enclosed) Certified Copy (additional copy	Status &

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 Tallahaccea El 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLIND MEDIA LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
lorida document number L23000324728	,	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "11C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		(
Enter new mailing address, if applicable:		・ ぬ ご
Mailing address MAY BE A POST OFFICE BOX)		, <u>179</u>
		نن
		50
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	<u>ne name of the new regis</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enter r tortaa street aaaress	
	, Flor	ridaZip Code
	Cuy	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	EDWARD NOBOA	20102 Satin Leaf Ave, Tampa, FL, 33647	= Add
			🗆 Remove
			□ Change
			□Add
			Remove
			□ Change
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			Remove
			□ Change

Page 2 of 3

					
					
fective date, if other than the un effective date is listed, the date must offer I f the date inserted in this blocument's effective date on the Decument's	ock does not meet the app	oplicable sta	tutory filing requ	irements, this date	.) Pursuant to 605,020 will not be listed as
	p				
record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	: not an e	ffective time,	at 12:01 a.m.	on the earlier o
July 25th	2024				
ited	· · · · · · · · · · · · · · · · · · ·	·			
	Signature of a member or a	authorized re			
	ALPERTOR OF A DEPTH APPROVE		aresentative of a m	ember	