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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mary-Stop M	ledia IIC
SUBJECT: 1700 V - 5700 17 Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Mason	S. Mantei
	Name of Person
Marv	-Stop Media, LLC Firm/Company
23624	LStero Co. SSC. 3
	Address TS
Land	O' Lakes, FL 34639 Tm - City/State and Zip Code
E-mail address: (to	Smdesigns//comand / . Com be used for future annual report notification
For further information concerning this matter, please cal	II:
Mason S Mantei Name of Person	at (813) 414 - 1922 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
(1) \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Check#1371	(additional copy is chetosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mary - Sto	p Media , UC hty Company as it now appears on o	ur records)		
(A Florid	la Limited Liability Company)	, , ,		
The Articles of Organization for this Limited Liability (Florida document number <u>し ようの03509</u>		1 25 lao2.	3_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:			
MSM De	esigns, LLC			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	ition "LLC" or the abb	reviation "L.L.C	2.
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
			- 	
Enter new mailing address, if applicable:			<u>;</u>	
Mailing address MAY BE A POST OFFICE BOX)	****	<u> </u>	<u></u>	
		<u> </u>	-	
			œ C	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, <u>enter the name</u>	of the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:	·			
	Enter Florida sti	reet 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 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, 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
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			☐ Change
			🗀 Add
			□ Remove
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) 190 days after filing.) Pursuant to 6	505,020
te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	rements, this date will not be li	isted a
coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the s filed.	earlier of: (b) The 90th day at	fter the
ed 8/16/2024.		
Signature of a member or authorized representative of a m	ember	