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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIO-T MEDIA GROUP LLC

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX

JUL 02 2024

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7/1/2024 11:09:57 PDT

To: 18506176383

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	0.	
<b>.</b>		
DIO-T MEDIA GROUP LLC		
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company)	)
(4	A Florida Limited Liaotity Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 12/10/2023	and assigned
Florida document number L23000546385		
Forda document number	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ale:	
, ,	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET	ADDRESS)	
		_ <del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	9X)	
Aranag unarcas introduction of the Bar		_5;-
		<del></del>
3. If amending the registered agent and/or reg	into and affice and describe an area assumed an area the	ho nama of the nout registers
s. It amending the registered agent and/or reg agent and/or the new registered office address	·	de name of the new registere
agent and of the new registered office address	mere.	= -
		· 15
Name of New Registered Agent:		<u></u>
New Registered Office Address:		TD
New Registered Office Address.	Enter Florida street address	
	City:	rida Zin Code
	cm	Capt Class

### 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.

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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 LEMES, DIOGENES M	5901 CAMINO DEL SOL	□Add	
		BOCA RATON, FL 33433	■Remove
			[i]Change
MGR DFB PARTNERS LLC	DFB PARTNERS LLC	8 THE GREEN, STE A	
		DOVER, DE 19901	□Remove
			☐ Change
			🖂 Add
		□Remove	
			「I Change
			ClAdd
			□Remove
			☐ Change
		□Add	
	<del></del>	∐Remove	
		☐ Change	
			□Add
			□Remove
			□ Change

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi <u>Note:</u>	ve date, if other than the date of filing:
ne recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated	July 1st 2024 Robin Joney
	Robin Signature of a member or authorized appresentative of a member
	Robin Jones Typed or printed name of signee