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07/19/24--01018--002 **25.00

COVER LETTER

TO:

TO: Registration So Division of Cor			
CELEBRA SUBJECT:	TION MEDIA LLC		
SCBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SYED, MOHIDEEN		
		Name of Person	
		Firm Company	<u> </u>
	4303 Waterford Landing D)r	
		Address	
	Lutz, FL - 33558		
		City/State and Zip Code	
	emailmohi@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	concerning this matter, please co	all:	
SYED, MOHIDEEN		614 266-5501	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELEBRATION MEDIA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/16/2024}{1}$ and assigned Florida document number L24000028698 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C 4303 Waterford Landing Dr. Enter new principal offices address, if applicable: Lutz (Principal office address MUST BE A STREET ADDRESS) 33558 4303 Waterford Landing Dr. Enter new mailing address, if applicable: Lutz (Mailing address MAY BE A POST OFFICE BOX) 33558 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: Enter Florida street address

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.

City

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	JAYARAJ, EDWARD	10863 CORY LAKE DR,	
		TAMPA, FL 33647	Remove
			□Change
MGR NALLAYAN, KAVITHA	NALLAYAN, KAVITHA	10917 GREEN HARVEST DR.	□Add
		RIVERVIEW, FL 33578	≅Remove
MGR	BRITTO, INDRA JOHN	1030 LONGPOINTE PASS	Add
		ALPHRATETTA, GA 30005	
			= Change
MRG	BABU, SAPNA	4113 W SWANN AVE	⊒∆dd
		TAMPA, FL 33609	7.5
			□Change
			⊟Remove
			□Remove
			-Channa

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Note:	ive date, if other than the date of filing: [7/15/2024] (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
he reco ord is f	rd 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 led.
Dated	7 16 2024 Lutz FL
	1-m.p. Cander Signature of a member or authorized representative of a member MOHIDEEN SYED Typed/or printed name of signee

. . .

Filing Fee: \$25.00