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COVER LETTER

TO:

Registration Section Division of Corporations

	n Juan Media, LLC.		
NUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Juan Ayala		
		Name of Person	
	Juan on Juan Media, LLC.		
	Name of Person Juan on Juan Media, LLC. Firm/Company 11774 Airport Park Drive Address Orlando, FL 32824 City/State and Zip Code tjojpod@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ann Ayala Name of Person Area Code Daytime Tetephone Number nelosed is a check for the following amount: \$\Begin{array}{c} \$321 & 6954964 & & & & & & & & & & & & & & & & & & &		
	11774 Airport Park Drive		
		Address	
	Orlando, FL 32824		
		City/State and Zip Code	
	tjojpod@gmail.com		
	E-mail address: (to be used for future annual report not	tification)
For further informat	ion concerning this matter, please e	all:	
Juan Ayala			
N	ame of Person		ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F		Certified Copy	Certificate of Status & Certified Copy
Division P.O. Box	ion Section of Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juan on Juan Media, LLC.

FILED

(<u>Name of the Limited Lian</u> (A Flori	ida Limited Liability Company) 2024 A	PR 17 PM 3: 45
The Articles of Organization for this Limited Liability Florida document number L24000101855	Company were filed on 02/27/24.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	,	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 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
AMBR	Juan Ayala	11774 Airport Park Drive Orlando, FL 32824	≣Add
			□Remove
			□Change
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