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## **COVER LETTER**

TO: Registration S Division of Co			
	ORS ART MEDIAÁ LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	EMANUELLE OLIVEIR.	A	
		Name of Person	
	OPTION ONE ACCOUN	TING INC	
		Firm/Company	
3275 W HILLSBORO BLVD SUITE 205			
Address			
DEERFIELD BCH, FL 33442			
	CAALUS LEOOPTEUM	City/State and Zip Code	
	EMAUELLE@OPTFIRM.	to be used for future annual report notification)	
For further information of	concerning this matter, please c	·	
EMANUELLE	•	561 299.7414	
Name o	of Person	at () Area Code Daytime Telephor	ne Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certifical Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## EXPLORIORS ART MEDIA À LLC

(Name of the Limited Liab (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	<del>,                                    </del>
	and party	
The Articles of Organization for this Limited Liability	Company were filed on 03/14/24	and assigned
Florida document number L24000127646	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
EXPLORIORS ART MEDIA LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L1,C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		0.1
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	j a
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, and I agent as provided for in Chapter 605, F.S red office address, I hereby confirm that t	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of No	w Registered Agent

If amending a or removed fi	Authorized Person(s) authorized to a rom our records:	manage, <u>enter the title, name, and address</u>	of each person being adde
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			□Add
			Remove
			☐ □ □ Change
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
	<u>                                     </u>
	<u>                                     </u>
	<u> </u>
	<u>                                     </u>
E. Effective date, if other than the date of filing: (option of the filing of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the filing of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date of the date	hal) iling ) Pursuum to 605 0207 (3 v.b.
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b)	The Ooth Area of
record is filed.	The 90th day after the
Dated	
Condiuna	
Signature of a member or authorized representative of a member	
EMANUELLE OLIVEIRA	
Typed or printed name of signee	<u> </u>
13 ped of printed hand of signed	