

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

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SHR IFOT.	SIESTA MI					
SUBJECT:		Name of Lim	nited Liability Compa	any		
The enclose	d Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		ANASTASIA BUTVINA				
			Name of Per	son		•
		SIESTA MEDIA LLC				
		_	Firm/Compa	ıny	·	•
		1324 12th St				
			Address	<del></del>	<del></del>	•
		Sarasota, FL 34236				
			City/State and Zi	p Code		
		butvina2909@gmail.com	(to be used for future		· C	
For further i	nformation c	n-man address: ( oncerning this matter, please c		annuai report noi	incation)	
Anastasia B	Butvina		941 at (	2981309		
	Name of	f Person	Area Co		ne Telephone Number	<del></del>
Enclosed is	a check for th	ne following amount:				
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filit Certified C (additional co		Certified	te of Status &
	uiling Addres gistration S		_	treet Address:	ection	
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	O. Box 632			he Centre of "		10
1 a	Hahassee, 1	L 32314	24	+13 M. Monro	oe Street, Suite 8	ΙU

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIESTA MEDIA LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	ur records.)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L24000146664</u> .	were filed on 03/28/20	24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		AP TI
		A
Enter new mailing address, if applicable:		- SS - M
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
Name of New Registered Agent:	··-	
New Registered Office Address:		
	Enter Florida stre	eet address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
AMBR	ANASTASIA BUTVINA	1325 12th Street, Sarasota, FL 34236	≣∧dd
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fan eff <u>Note:</u>	ive date, if other than the date of filing:
recor I is fil	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 led.
	April 23rd 2024
hated	
)ated	- Hogel
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00