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COVER LETTER

| TO: Registration Division of C | Section Corporations |
|-----------------------------------|--|
| Cabin as | nd Compass Media and Consulting LLC |
| Subject. | Name of Limited Liability Company |
| The enclosed Articles | of Amendment and fee(s) are submitted for filing. |
| Please return all corre | spondence concerning this matter to the following: |
| | William Reeder |
| | Name of Person |
| | Cabin and Compass Media and Consulting |
| | Firm/Company |
| | 16 North L Street |
| | Address |
| | Pensacola, FL 32502 |
| | City/State and Zip Code billy@soapboxrevival.om |
| | E-mail address: (to be used for future annual report notification) |
| For further information | on concerning this matter, please call: |
| William Reeder | 479 970-5860 at () |
| Nan | ne of Person Area Code Daytime Telephone Number |
| Enclosed is a check for | or the following amount. |
| (XS25.00 Filing Fee | Status Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cabin and Compass Media and Consulting LLC | •. |
|--|----------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | FILE |
| The Articles of Organization for this Limited Liability Company were filed on April 15, 2024 and assigned Florida document number L24000177752 | 2024 APR 26 PH 12:50 |
| Florida document number | Et. PH 12 |
| This amendment is submitted to amend the following: | TALLY, SO |
| A. If amending name, enter the new name of the limited liability company here: | ATE |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." | _ |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | _ |
| | - |
| Enter new mailing address, if applicable: | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | _ |
| | - |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: | <u>ered</u> |
| Name of New Registered Agent: | _ |
| New Registered Office Address: Enter Florida street address | _ |
| Little I av ma su ees aantes | |
| | _ |
| 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 Peristered Agent Signature of New Peristered 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 |
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Filing Fee: \$25.00