Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

⊈Email Address:___

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Corporate Filing Menu

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COVER LETTER

TO: Registration Division of (s Section Corporations		
	/ B.E. PHOTO & VIDEO LLC		
SUBJECT:	Name of Lin	sited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
* * *			
PH		Firm/Company	
•	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Ztp Code	
	EFILE1234@INCFILE.CC	M to be used for future annual report no	otification)
For further informatic	on concerning this matter, please c		
LOVETTE DOBSON	į	1 888-462-3-	453
Nan	ne of Person	nt () Area Code Dayti	me Telephone Number
) <u>.</u> +			
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	© □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box (on Section f Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H2400021421	Page: 3/ / 3)))
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(((H240002)

	MOLLY B.E. PHOTO & VIDEO LLC	The state of the s
(Name of the L	imited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
ř.	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited	d Liability Company were filed on 06/17/2024	and assigned
Florida document number 1.24000274708	·	
This amendment is submitted to amend the f	following:	
A. If amending name, enter the new nam	e of the limited liability company here:	
GEMINI MEDIA LLC		
The new name must be distinguishable and contain the	ne words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	olicable:	
11 (Principal office address MUST BE A STR	EET ADDRESS)	
<u> </u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	CE BOX)	
B. If amending the registered agent and/o agent and/or the new registered office ado	or registered office address on our records, <u>ent</u> d <u>ress here</u> :	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
10	Enter Florida street ada	lress
	,	Florida
	City	Zip Code
New Pogistered Agent's Signature if changing	na Registered Agent	

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.

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: or removed from our records:

1400		
MCR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ive date, if other than the	ne date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this	block does not meet the applicable status	story filing requirements, this date will not be liste
ent's effective date on the	Department of State's records.	
d specifies a delayed effect led.	ive date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day after
ied.		
June 20	2024	
	mally !	Guitha
	. Signature of a member or authorized repri	esentative of a member

Filing Fee: \$25.00