



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400435078684

08/21/24--01008--021 **25.00

COVER LETTER

Division of Corpora			
SUBJECT:	ic Reach	Media LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Mar	tha Barthaner Name of Person	
_	Sonia	Reach Media, L	16
		Firm/Company	
	363	123 Urban Rd.	
•		Address	
	Zer	ohyrhills, FL 33	541
_	m ba F-mail address: (r thaner @ hotma to be used for future annual report notifi	cation)
For further information conce			
To Justice information conce	Tring this matter, please co	an.	
Martha B	arthaner	at (813) 399-4 Area Code Daytime	1467
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
№ \$25.00 Filing Fee	3\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

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

	leach Media, LLC	
(<u>Name of the Limited Liabilits</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRI	ESS)	24.
		2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		୍ର ପ୍ର
		ಬ
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la Zip Code
	210	Top Come

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 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
MGR	Martha Barthaner	36323 Urban Rd.	. ∡Add
		Zephyrhills, FL 33541	□Remove
			□Change
	1011000		[JAdd
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
		·····	©Change
		<u> </u>	DAdd
			Change

_	
_	
ffectiv	re date, if other than the date of filing:
<u>Note:</u> II	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locumei	nt's effective date on the Department of State's records.
record	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
d is file	
	0 1 18 2021
Dated	<u>August 18 . 2024</u>
	U
zaica _	Signature of a member or authorized representative of a member