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.

(((H24000368436 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

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

mail	Address:	
		 *:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALLMEDIA LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

T. LEMIEUX NOV - 7 2024

Help

COVER LETTER

H24000368436 3

TO: Registration Solvision of Co			1124000300
	EDIA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase return all correspondent	ondence concerning this matter	to the following:	
	Martina Rudelli Lábatte		
		Name of Person	
	SMB LAW GROUP		
		Firm/Company	
	101 W Renner Rd Suite 3	60	
		Address	
	Richardson, TX 75082		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	kirbymwallace@gmail.com	1 (to be used for future annual report not	NG-malan)
For further information of	concerning this matter, please c	-	nication)
Kirby Wallace		at (
Name o	of Person	Area Code Daytin	ne Telephone 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 & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration by Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassec,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000368436 3

WALLMEDIA LLC			
(Name of the Limited Liability Co (A Florida Limit	npany as It now appears ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	9/13/2024	and assigned
Florida document number <u>L24000398046</u> .			
his amendment is submitted to amend the following:			
L If amending name, enter the new name of the limited l	iability company her	<u>re</u> :	
WALLMEDIA PARTNERS LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
		··-	
<u> </u>			
<u> </u>			2624
<u> </u>			2024 100
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered officers.	re address on our re	cords enter the nan	2024 OV
	ce address on our re	cords, <u>enter</u> the nan	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address here:	ce address on our re	cords, <u>enter the nar</u>	ne of the new regis
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ce address on our re	cords, <u>enter the nar</u> .:	ne of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address here:		cords, <u>enter the nar</u>	ne of the new regis
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent:			ne of the new regis

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 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:

H24000368436 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		<u> </u>	
			□Change
			□Remove
			Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
		-	□ Add
			□Remove
			□Change

Page 2 of 3

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