Florida Department of State

Plorida Departme

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.

(((H25000100526 3)))



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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 : TAX ZONE INC. Account Number : I20190000044

Phone : (407)888-3131 Fax Number : (888)453-0509

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

Email Address: Accountant a Tax zone Fl. com

PIT CE VED

TO HER 18 FM 1: 21

DEPART SERVERATIONS

JIVISION SEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 444 MEDIA GROUP LLC

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\$25.00

SMAR 18 AM 8: 28

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor					
	GROUP LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ED KOTLER				
		Name of Person			
	TAXZONE INC				
		Firm/Company	<u></u>		
	8865 COMMODITY CIR	STE 4			
		Address			
	ORLANDO, FL 32819				
		City/State and Zip Code			
	ACCOUNTANT@TAXZO	NEFL.COM o be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please ca		•		
ELGIN DAVIS		407 888-313!			
Name of	Person	at ()Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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)		

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

444 MEDIA GROUP LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
he Articles of Organization for this Limited Liability	Company were filed on $\frac{03/05/2025}{1}$	and assigned
lorida document number L25000109472		
Ionaa document namoer		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
44 FILM AND MEDIA GROUP LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
-	DECC)	
<u>Principal office address MUST BE A STREET ADD</u>	<u> </u>	
		HAR •
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- α [
Manual and Cos Paris Don't Don't Cos Cos Cos		
		- 69
 If amending the registered agent and/or registere gent and/or the new registered office address here: 	ed office address on our records,	enter the name of thronew registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu stree	t address
	Line, r toriad siree	
	City	, Florida
	City	

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.

Remove

_____ □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:

Title	Authorized Member Name	Address	Type of Action
			GAdd
			[]Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
		□Remove	
			☐ Change
			□Add
			□Remove
			☐ Change

To:

). If amending any other thi	formation, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the date inserted in	an the date of filing:
ne record specifies a delayed e ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 18	2025
#	7777
A	Signature of a member or authorized representative of a member
ELGIN DAVIS	
·	Typed or printed name of signee