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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT:	2 Daily Br	ew Station	LIC
	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Actor	Name of Person	
	The Duly	Rew Station Finn/Company	11(, .
	7113 Chai	Non Lynt Rus	2075 Ju
	Brokento	City/State and Zip Code	
	E-mail address: (Tobe used for future annual report notif	
For further information co	ncerning this matter, please c	all:	29
Aut Mi Name of	n Storck Person	at (941) 718-70 Area Code Daytime	812 Telephone Number
Enclosed is a check for 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)
Mailing Address Registration Se	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6327		Division of Corp	porations
Tallahassee, F		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Daily Ba	ew Station L	LC_
(Name of the Limited Liability (A Florida L	Company as it now appears on ou imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L25(V) 023042</u>	mpany were filed on May	15 2025 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		25. 25.
Enter new mailing address, if applicable:		哥一
(Mailing address MAY BE A POST OFFICE BOX)		
		29
B. If amending the registered agent and/or registered of 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:		<u>com</u>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
-1-1. registres o tito maires.	Enter Florida stree	address
		, Florida
	City	Zip Code

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
Narager	haliyataylor	7113 Chatum Light Rin	_ EAdd
Ŭ		Bradentan FL 34212	
			□Change
	Action Storick		□Add
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
	•
e reco	ord 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 filed.
Date	10/11/25
	(The state of the
	Signature of a member or authorized representative of a member
	7.12