M/460006/968

(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



700423174727

2024 FEB 15 PH 2: 55

2021 HE WA 9: 40

A. HUNT 02/15/74

Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.incserv.com



ORDER FORM

TO : Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE | 2/15/2024

PRIORITY 24 Hours

OUR REF # (Order ID#) 1227663

ORDER ENTITY

PROSPERO LATINO LLC

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PLEASE PER	EADM TH	IE EAL I	CM/TN/	C CEDIATORO.
PLEASE PEN	TORP IN	IE FULI	COMTIM	3 DEKATCED!
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PROSPER	O I ATINO	11C	(FI)	
I ITOO! EIT	O EXTINO		<u> </u>	

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, February 15, 2024 Page I of I

COVER LETTER

_	stration Section sion of Corporations						
SUBJECT:	Prospero Latino LLC						
	Name of Fo	reign L	imited Liab	ility Co	mpany		
Dear Sir or N	Aadam:						
The enclosed	application, certificate and fed	e(s) are	submitted (for filing	<u></u> ,		
Please return	all correspondence concerning	g this m	atter to the	followi	ng:		
Jennifer Klein	jan						
	Name of Person			-			
Name Carrent	DL (C						
New Counsel,				_			
	Firm/Company). J.
4530 W. 77th	Street, Suite 385						
	Address			_		I. F.	04 6 149
Edina, MN 55	435						ήO
	City/State and Zip C	Code		-			
E-mail add	dress: (to be used for future and	nual rep	oort notifica	tion)			
For further in	iformation concerning this mat	tter, ple	ase call:				
Jennifer Klein		at		_) <u></u>			
	Name of Person		Area Code	& Dayt	time Telephor	ne Number	
Regi Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314			Division The Control 2415 N	address: ration Section on of Corpora entre of Talla J. Monroe Str assee, FL 327	itions hassee reet, Suite (810
Encl	Certificate of Stati		ount: \$55 Filing Certified C			ng Fee, cate of Stati tified Copy	us &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Prospero Latino LLC		
Enter new principal office address, if applicat	ole:	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	14835 South Biscayne River Dr.	
	Miami, F1, 33168	
Enter new mailing address, if applicable:		
<u>Mailing address</u> MAY BE A POST OFFICE BOX)		1-7 1-7 1-2 1-2
2. The Florida document number of this limit		·
2. The Florida document number of this limit	ed hability company is:	,
Jurisdiction of its organization: Delaware		- FIG. 10
4. Date authorized to do business in Florida: 07/15/2014		11: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
SECTION II (5-9 complete only the application		
5. New name of the limited liability company	••	
to the mane of the minted money company	(must contain "Limited Liability Company,"	"L.L.C.," or "LLC."
If name unavailable, enter alternate name addropy of the written consent of the managers of must contain "Limited Liability Company," "	r managing members adopting the alternate n	
	istered officer address on our records, enter the	he name of the new
 If amending the registered agent and/or reg registered agent and/or the new registered off 	ice address here:	
 If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: 	ice address here:	
egistered agent and/or the new registered off		
egistered agent and/or the new registered off	Enter Florida Street :	Address ridaZip Code

If Changing Registered Agent, Signature of New Registered Agent

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.

8. If the amendment c	hanges person, title or capacity	in accordance with 605.0902 (1)(e), indicat	e that change:
Title/ Capacity	Name	Address	Type of Action
			□Ado
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Ren
			1 9 Ad
			□Ren
			🗀 Add
aforementioned an	he law of which this entity is o	I by the official having custody of records	□Ren in the
	be. V. fara	of the authorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'PROSPERO LATINO LLC'

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'JDPH

MEDIA GROUP LLC', ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2024,

AT 2:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'JDPH MEDIA,

GROUP LLC', IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID

LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JDPH MEDIA GROUP LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2013.



Authentication: 202817997

Date: 02-15-24

5382504 8321 SR# 20240521675