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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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Y SULKER Helpep 22 2020

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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)

Name of limited liability Company as it appears State: American Media, LLC (d/b/a American Media)		rida Department of
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M1800	0010922
Jurisdiction of its organization: Delaware Delaware Deceasion: Deceasion Deceasion: Deceasion Deceasion	ember 5, 2018	
SECTION II (5-9 complete only the applicable of the limited liability company: A.	changes) 360 Media, LLC	y Company. " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopting	
6. If amending the registered agent and/or registere registered agent and/or the new registered office are	ed officer address on our roddress here:	ecords, enter the name of the new
Name of New Registered Agent:		-
New Registered Office Address:	Enter F	lorida Street Address
	Emeri	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper	nt and agree to act in this	capacity. I further agree to comply wit e of my duties, and I am familiar with

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 the amendment c	hanges person, title or capacity in accor	dance with 605.0902 (1)(e), indi	cate that change:
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
	-		□Remo
	-		ПRетю
			□Add
			□Remo
			DAdd
	-		ПRепю
			□Add
aforementioned an	ficate, if required: no more than 90 day nendment(s), duly authenticated by the the law of which this entity is organize	official having custody of recor	□Remords in the
	6. 198		
	Signature of the	nuthorized representative	

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AMERICAN MEDIA, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'A360 MEDIA, LLC' ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2020, AT 7:20 O'CLOCK P.M.



Authentication: 203595700

Date: 09-03-20