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.

(((H25000028737 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:

<1 Email Address:\_</pre>

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BASELINE MEDIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

1/24/2025 11:31:23 PST To: 18506176383 Page, 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baseline Media LLC	
(Name of the Limited Liability Company as it is (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on 01/06/25 and assigned
Florida document number <u>L25000008655</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
Baseline Media Consulting LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<b>5. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	A Maria Maria
	= 5
	9.0
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Paristand August	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fiorial Mreet address
	, Florida
City	Zip Code

New Registered Agent's Signature, il 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.

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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
			□Add
			□Remove
<del></del>			□Add
			Remove
			Change
			□Add
			□Remove
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		<del></del>	□ Add
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			□Remove
			C1Changa.

1/24/2025 11:31:23 PST - To: 18506176383 Page: 4/4 Fex: 8134365206

D. If amending	g any other informa	tion, enter ch	nange(s) her	e: (Attach ad	ditional sheet.	s, if necessary	·.)	
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(If an effective on Note: If the	ate, if other than the date is listed, the date mus date inscrited in this bl effective date on the D	t be specific and ook does not m	eannot be prior rect the applic	to date of filing table statutory	or more than 90 filing requirem	days after filing.	) Pursuant to 605.0 will not be listed	0207 (3)(t I as the
If the record spec record is filed.	rifics a delayed effectiv	e date, but not	an effective t	ime, at 12:01 a	i.m. on the earl	icroti (b) Th	e 90th day after	the
<sub>Dated</sub> Jan	uary 24th		2025					
		Va		<u> </u>	ith			
		Signature of a n	member or auth	orized represent	ative of a membe	St	_	
<u></u>	Nat Smith		Typed or prot	ed name of sign	re-		<del></del>	