10/16/2015

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Gener Street

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.

(((H150002480343)))



H150002480343ABC

To:			LAR MAR
	Division of (	Corporations	
	Fax Number	: (850)617-6383	
			AS B
From:			<b>−</b> η
	Account Name	: LEGALZOOM.COM INC.	15.
	Account Number	er : I20010000062	
	Phone	: (323)962-8600	- ind
	Fax Number	: (323)962-3889	TP CT

CLASSER -7 AM 9:50

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOLFPACK MEDIA LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

HAR O 8 2016 J. HARRIS

Electronic Filing Menu

Email Address:\_

Corporate Filing Menu

Help

TO:

Registration Section

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: WolfPack	Media, LLC		
SOBJECT:	· Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	100 W. Broadway Suite	100	
		Address	
	Glendale, CA 91210		
		City/State and Zip Code	······································
	land321@yahoo.com  E-mail address: (	to be used for future annual report notifi	ication)
For further information of	onceming this matter, please ca	all:	
Imelda Vasquez		323 962-8600 ex	et 7950
Name o	f Person .	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
1 \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	回 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cortificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 850-617-6381

2/25/2018 10:55:47 AM PAGE 1/001 Fax Server



February 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WOLFPACK MEDIA LLC 1055 SW 62ND BLVD. 924 GAINESVILLE, FL 32607US

SUBJECT: WOLFPACK MEDIA LLC

REF: L13000054714



12.

. .

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II FAX Aud. #: E15000248034 Letter Number: 616A00003908

2016 MAR - 7 AM 9: 50
SECRETARY #1. TATE
TALLARASSEE RIBRIBA

P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WolfPack Media, LLC			
Name of the Limited Liability Company as it is (A Florida Limited Liability)	now annears on our records.) Company)	<del></del>	
te Articles of Organization for this Limited Liability Company were filed on 04/15/2013 orida document number L13000054714		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited limbility cor	mnany here:		
RIDICULOUS MEDIA, LLC			
The new name must be distinguishable and end with the words "Limited Liability Com	npany," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		_	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	775	र के	
(Mailing address MAY BE A POST OFFICE BOX)	Marie and the second se	7 1504 B 2	
		engerales	
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ררי:	cc: ≝ಜ್ಞೌ' ಚಿ.**	
	77	5 5 5	
Name of New Registered Agent:	<u> </u>	<del>= = =</del>	
New Registered Office Address:	= = = = = = = = = = = = = = = = = = = =	iri <b>ce</b>	
	Enter Florida street address		
City	Florida	ip Code	
Chy	-		

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending th	c Managers or Authorized Member on mber being added or removed from o	our records, enter the title, name, and address ar records:	of each Manager (
MGR = Man AMBR = Auti	ager norized Member		
Title	Name	Address	Type of Action
			DAdd
			Remove
			<del>_</del>
April			_D Add
			C Remove
			🗅 Add
	•		_C Remove
			_□ Add
		D-	מים מים
		ar [	Add Remove
		TO TO	
			.□ Remove

Page 2 of 3

المراجع واليون والماحة أن الاجتماع المراجع المراجع والماحة المراجع والماحة المراجع والماحة المراجع والماحة الم			
D. If amending a	ny other information, enter change(s) here: (Alla	ch additional sheets, if necessary.)	
	4		
		and the state of t	
E. Effective date, (The effective date the date this docu	if other than the date of filing: must be specific, cannot be prior to date of receipt or filed date a must is filed by the Florida Department of State)	(optional) indicannot be more than 90 days after	
Dated	01/11/2016 ,		
	12 Dela		
	Sign, are of a member or authorized rep lan Dailey		nde
	Typed or printed name of		

Page 3 of 3

Filing Fee: \$25.00

16 MAR - 7 AM 9: 07
SECRETARY OF STATE
TALLAWASSEE, FLORIDA

1.00