Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-9600

Fax Number

: (323)962-3889

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNLESS MEDIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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AUG 3 0 2016

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Registration Se Division of Cor					
SURJ	UNLESS	MEDIA, LLC				
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legaizoom.com, Inc.				
Firm/Company						
101 N. Brand Blvd., 11th Floor						
			Address			
		Glendale, CA 91203				
		City/State and Zip Code				
		KimberlyHWiggins@gmail.com E-mail address: (to be used for future annual report notification)				
For fu	ther information c	concerning this matter, please o		(Carriota)		
Chey	enne Moseley		800 773-0888 ex	kt. 9724		
Name of Person		f Person		: Telephone Number		
Enclos	ed is a check for t	be following amount:				
CJ \$2.	5.00 Piling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNLESS MEDIA, LLC				
(Name of the Limited Liability Compa (A Plorida Limited I	ny as it now appears an our records.) Liability Company)		_	
The Articles of Organization for this Limited Liability Company Florida document number L15000140223	were filed on 08/17/2015	and	assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Lieb	ility Company," the designation "LLC" or the	abbreviztio:	n "L.L.C.	
Enter new principal offices address, if applicable:	7001 Loisdale Road, Suite C.			
(Principal office address MUST BE A STREET ADDRESS)	Springfield, VA 22150			
Enter new mailing address, if applicable:	7001 Loisdale Road, Suite C.			
Malling address MAY RE A POST OFFICE BOXI Springfield, VA 22150				
B. If amending the registered agent and/or registered of	Mee address on our records enter	the nan	ne of ti	he mew
registered agent and/or the new registered office address ber		(200	. 6	
		De j	75	
Name of New Registered Agent:		:0: (0:	- <u>13</u>	
New Registered Office Address:		ده ۵ <u>(۲۱ - ۲</u>	<u>'ò'</u>	<u> </u>
	Enter Florida street address		=	
	Florida		7 F 6 G	 ,
No. 10 Control of the	Cuy	200	CSD	200
New Registered Agent's Signature, if changing Registered Agent:			·cu	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar , if this de	with an ocumen	d

If Changing Registered Agent, Shunature of New Resistered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Kimberly H Wiggins	9703 Avellino Ave #1106	D Add
		Orlando, Fl. 32819	E Remove
AMBR	Kimberly Holmes Wiggins	7001 Loisdale Road, Suite C.	∑ Add
		Springfield, VA 22150	C Remove
			Remove
			Add C
			- 100 B
			Add
	•		T - The state of t
			D Add
·			🗖 Remove

D. If smending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
	
	N
	<u> </u>
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of Scare)	(optional) O days after
Dated August 19 , 2016	_

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Filing Fee: \$25.00