## 119000117730

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Y SULKER
JUL 0 9 2019



June 21, 2019

1801 MEDIA GROUP LLC 1801 NE 123RD STREET, SUITE 307 NORTH MIAMI, FL 33181

SUBJECT: 1801 MEDIA GROUP LLC

Ref. Number: L19000117730

We have received your document for 1801 MEDIA GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6059.

Letter Number: 419A00012588

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		IA GROUP LLC		
HOBJEC	~ • · · <u> · · · · · · · · · · · · · · · </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ndence concerning this matter	to the following:	
		NICOLAS DE LA PLAZA	4	
		<del></del>	Name of Person	<del></del>
		UNTITLED SLC LLC		
			Firm/Company	
		1801 NE 123RD STREET	SUITE 307	
			Address	<del></del>
		NORTH MIAMI, FL 3318	31	
			City/State and Zip Code	<del></del>
		nicolas.delaplaza@untitled-		
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ea	all:	
NICOLA	AS		405 593 4484	
	Name of	F Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1801 MEDIA GROUP LLC				
(Name of the Limited Liab) (A Flori	lity Company as it now appears on o da Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L19000117730</u>		019	and assign	ned
	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abb	reviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			-17 5	******
			Jul 1	i <u>i</u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter t	he nameror	the_new
			· =	2/2
Name of New Registered Agent:				
New Registered Office Address:			<b>P</b>	
-	Enter Florida str	eet address		
		, Florida		
<del></del>	City		Zip Code	

## 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

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>	<u>Address</u>	Type of Action
AMBR	UNTITLED MANAGERS LTD	CANE GARDEN BAY	□ Add
<del></del>		ROADTOWN, TORTOLA	
			Remove
		BRITISH VIRGIN ISLANDS	Change
			D Add
			Remove
			☐ Change
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record specifies a delayed The 90th day after the reco		it not an eff	fective time, a	: 12:01 a.n	n. on the	earlier
nted	2019		- 1/V	<i>ن</i> ر		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00