## L19000292914

EZEQUIEL FISCHER CPA 800 SE 4th AVENUE, SUITE 70 HALLANDALE BEACH, FL 3300	04
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
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November 17, 2020

EZEQUIEL EZEQMEZ FISCHER 800 SE 4TH AVE STE 704 HALLANDALE BCH, FL 33009

SUBJECT: ICARO MEDIA, LLC Ref. Number: L19000292914

We have received your document for ICARO MEDIA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor
Letter Number: 320A00023025

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: <u>ICA</u>	RO MEDIA, LLC Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	EZEQU	Name of Person	
	•	Name of Person	<del></del>
•	EZEQUIEL	FISCHER PA	
		Firm/Company	
	800 SE 44	PAVENUE Ste	704
		Address	
	HALLAN DA L	E BEACH FC  City/State and Zip Code	33009
	<u> </u>	City/State and Zip Code	
	efischer	o be used for future annual report no	ification)
			incanon)
For further information	concerning this matter, please ca	MI:	
EZEQUIE!	FISCHE 2	at ( <u>325</u> ) <u>527 3</u> Area Code Daytir	3503 ne Telephone Number
Enclosed is a check for	the following amount:		
区 \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations Tallahassee, FL 32303

RECEIVED

OCT 13 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICARO MEDIA	1, LLC	21 R. 31 Fil 3: 10
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000 292914</u> .	ere filed on <u>U\27</u>	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	/ Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:		
New Despitement Office Address		
New Registered Office Address:	Enter Florida street e	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office as	erformance of my dution ovided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Name	Address2.11. 30 P.1.3:10	Type of Action
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			□Remove
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Note: If	tive date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
e record : d is filed	
	Jeptinher 25 2020
	Jephinher 25 2020.