To: 18306176383 From: 19165767051 Date: 01/03/20 Time: 1:53 PM Page: 02/05

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 : (916)576-7000 Phone

: (800)603-5868 Fax Number

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

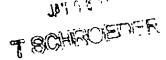
Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOUBLE X MEDIA LLC

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Help



To: 18506176383 From: 19165767051 Date: 01/03/20 Time: 1:53 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Double X Media LLC (Name of the Limited)	Liability Company as it now appears or	our records.)	
(A	Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	ility Company were filed on	5/2019	and assigned
Florida document number <u>L 19000297435</u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	le:		2870
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>	200
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:			AA OF
(Mailing address MAY BE A POST OFFICE BO	PX)		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or	internal office address on or	ur records enter	the name of the ne
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	n records, <u>enter</u>	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Emer Florida	street address	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a	gent and agree to act in this cap	acity. I furth e r agi	ee 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

'To: 18506176383 From: 19165767051 Date: 01/03/20 Time: 1:53 PM Page: 04/05

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
MGR	JONATHAN RIVERA	555 CONCORD ST UNIT 214	Add
		FRAMINGHAM, MA 01702 US	☐ Remove
			☑ Change
			Add
			☐ Remove
			□ Change
			E SE TO
			Serve Usernove T
			999 ⊕ ∨ co
		☐ Remove	
			□ Change
			Add
			Remove
			□ Change
			☐ Remove
			□ Change

TO: 18506176383 From: 19165767051 Date: 01/03/20 Time: 1:53 PM Page: 05/05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



E. Effective date, if other than the da (It'an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior to date of filing of does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Tling requirements, this date will not be listed as the
If the record specifies a delayed ef (b) The 90th day after the record	fective date, but not an effectivis filed.	e time, at 12:01 a.m. on the earlier of:
DatedDECEMBER 20	2019	
Sig	Jonathan River Jonathan River	
	Typed or printed name of signe	<u> </u>

Page 3 of 3

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