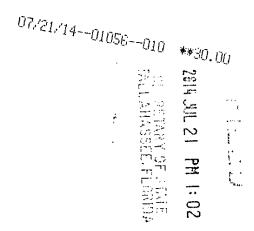
# LD4000062319

(Re	equestor's Name)	
(Ad	ldress)	, , , , , , , , , , , , , , , , , , ,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800262463328



JUL 2 2 2014 T CLINE

# **COVER LETTER**

TO: Registration S Division of Co		·		
SUBJECT:		Ervices, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Houika E	Soelun- Fondino Name of Person	1	
	MB Media	Name of Person  Address  Address		
	651 Melai	leuca lane		2814
		FC 33137  City/State and Zip Code	13 (C)	21 PM
	E-mail address: (	Mb f 1 Dwe, Co to be used for future annual report notif	P201 fication)	1:02
For further information	concerning this matter, please ca	all:		
Mourka R	Boehm-Tandia of Person	110 at ( <u>786</u> ) 246- Area Code Daytime	2446 e Telephone Number	-
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

### 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

# TO ARTICLES OF ORGANIZATION OF

MB Media Sesvices (Name of the Limited Liability Comp (A Florida Limited)	LLC	11 F-3	
(Name of the Limited Liability Comp (A Florida Limited			
The Articles of Organization for this Limited Liability Company	y were filed on <u>08/23/2009</u>	and assigned	
Florida document number <u>L040000623 19</u>	, ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial		• • • • • • • • • • • • • • • • • • • •	
Viva - Action, LLC The new name must be distinguishable and end with the words "Limited Lia			
The new name must be distinguishable and end with the words "Limited Lia			
Enter new principal offices address, if applicable:	1420 Country Clu Coral Gables, FC 3	6 Prado	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Fl 3	33134	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1420 Country Club Prado Gral Gables, FC 33134		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the name of the new	
Name of New Registered Agent: Fernal	ndo Fandino-Semo	Xe	
New Registered Office Address: 1420	Country Club Prace Enter Florida street address  9a5/es , Florida	lo	
Coral,	gables , Florida_	33134	
C	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

### Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> Monika Boehm-Fondino 1420 Country Club Prado MAD MGRM Coral Gables, FL 33134 Remove reg. agent/
Name | Baur, Thomas | LOON Biscayne Blvd | Add |

Suite 2100 | Remove |

Miami, Fl 33132 |

reg. agent/ Hernando Fanolino- 1470 Country Club Prado Madd |

Sende | Coral Gables, Fl 33134 | Remove □ Add □ Remove ☐ Add □ Remove ☐ Remove

. •		
_		• •
_		
ffectiv 1e effec	e date, if other than the date of filing:	( <b>optional)</b> days after
he date t	his document is filed by the Florida Department of State)	•
ated _	07/18 , 2014 .	
	Signature of a member or authorized representative of a member	
	Mouika Boelin - Fandino.	
	Typed or printed name of signee	. (1 ₽ 3>; 4
		至
		;

Page 3 of 3

Filing Fee: \$25.00