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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

7

SUBJECT: Expedite Media LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## John Krebs

Name of Person

Expedite Media LLC

Firm/Company

3100 S Federal Hwy STE A

Address

Delray Beach, FL 33483

City/State and Zip Code

admin@expresspassport.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Krebs

<sub>at</sub> 561 459-6196

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

2014 SEP 25 AN II: 40

SECRETARY OF STATE
INLLANASSI ELTERRID.

Expedite Media LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	ibility Company were filed on 1/29/09	and assigned
Florida document number <u>L0900009578</u>	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	on "LLC" or the abbrevi
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>30X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office address on our records, <u>er</u> <u>fice address here</u> :	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stree	et address
	, Floric	
	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 wit the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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

MGR = Mar MGRM = M	lanaging Member		
<u> Title</u>	Name	Address	ype of
MGR	Rose Marie Fung	3100 S Federal Hwy	$\checkmark$
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		Delray Beach, FL 33483	
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	,	a member or a	uthorized repres	entative of a me	mber
John Kre	ebs ( /	3	inted name of s	<b>*</b>	_

Filing Fee: \$25.00

SECRETARY OF STATE