Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			د د ت
	Division of Cor	porations	
	Fax Number	: (850)617-6383	-
From:			
	Account Name	: CORPORATE CREATIONS INTERNA	TIONAL INC.
	Account Number	: 110432003053	
	Phone	: (561)694-8107	• •
	Fax Number	: (561)694-1639	,

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTEFIN, LLC

Certificate of Status	0
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Page Count	04
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Estefin, LLC		
(Name of the Limited Lia) (A Flor	ollity Company as it now appears and Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Torida document number	Company were filed on	June 24, 2009	and assigned
his amendment is submitted to amend the following	:		
If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
EEE Global	Media Marketing, LLC		2020
he new name must be distinguishable and contain the words "l	Limited Liability Company," the de	esignation "LLC" or the abb	reviation L.L.C."
nter new principal offices address, if applicable:			R - 7
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>	د المستور التاريخ التاريخ
nter new mailing address, if applicable:			3 3 3
Mailing address MAY BE A POST OFFICE BOX			
3. If amending the registered agent and/or registongent and/or the new registered office address her	ered office address on our r <u>re</u> :	ecords, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:	Corporate Creat	ions Network, Inc.	
Name Paristand Office Address	801 L	JS Highway 1	
New Registered Office Address:	Enter Flo	rida street address	
	North Palm Beach	, Florida	33408
<del></del> .	City	· <del>-</del> ·	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.

Ashley Goldsmith, Special Secretary

## 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

Title	Name	Address	Type of Action
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			Change
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e record spec rd is filed.	ifies a delayed effective date	, but not an effectiv	e time, at 12:01 a.r	n, on the earlier of: (	b) The 90th	day after
	April 6	2020				
Dated	April 6		<del></del> •			
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Typed or printed name of signee