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SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

K.SALY EXAMINER APR 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gab Media, UC
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:

Name of Person

AIDSM CIEC

Firm/Company

3550 OSPISY COS DR

KNERNKEW, PL 33578

Melissa Chalamenta MMC

mm cannola@yahoo.com

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

For further information concerning this matter, please call:

MEUSSA CANNOVA

Name of Person

at (83) 382-7812

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**

iGab Mada. 1	1	SECRETARY OF STA
Name of the Limited Liability Comp	any as it now appears on our records Liability Company)	D SEE, FLORE
The Articles of Organization for this Limited Liability Companication for the Articles of Organization for this Limited Liability Companication for this Limited L	y were filed on 817 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
	f	
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(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 or registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	. Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:	

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 608, 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

Page 1 of 3

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member **Title** Type of Action <u>Name</u> <u>Address</u> 3550 OSPREY COVE DC annova Enterprises, Inc. Add RIERVISW, FL 33678 Remove PHILLIP CANDOLA Add Remove Add 1 Remove Add Remove Add Remove Add Remove

the second of th	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if r	necessary.)
i Gab Media will now be classified a	5
86) Smay Dsadvantaged Business	5/
Women owned as Melissa Connova w	all hold
5190 of iGab Media; UC and I	Phillip
Cannala will hold 4990	<u></u>
Dated MARCH 27 . 2013.	
CHINOC / MG	rM_
Signature of a member or authorized representative of a member	
MEURSA CANNOVA MGRM	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00