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(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			·	
SUBJE		IGN GROUP LLC			
~~~		Name of Lim	ited Liability Company		
		· •	•		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspo	ndence concerning this matter	to the following:		
		BASTIEN, DANIEL P JR			
			Name of Person		
		ONES DESIGN GROUP I	LLC		
			Firm/Company		
		14260 SW 80TH AVE			
			Address		
		MIAMI FL 33158			
		<del>- • • • • • • • • • • • • • • • • • • •</del>	City/State and Zip Code		
		DAN@THEFLORIDAVIL	LAGER.COM		
		E-mail address: (	to be used for future annual report notifi	cation)	
For furt	ther information co	oncerning this matter, please c	all:		
BASTE	EIEN DANIEL, P.	JR	786 505-1817		
	Name o	f Person		Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>\$25</b>	5.00 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)	
	MAIL	ING ADDRESS:	STREET/COURIE	TR ANNERSS	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida L		
	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L11000124878	mpany were filed on 11/02/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
MEDIA ONE FIVE LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the nev
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	, Flori	<b>da</b> Zip Code

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 . **Type of Action** <u>Title</u> **Name Address** □ Add ☐ Remove ☐ Change □ Add □ Remove _ Change □ Add □ Remove ☐ Change _□ Add □ Remove _□ Change □ Add □ Remove 2015 □ Change T Remove □ بب

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an ei lote: ocur	five date, if other than the date of filing:  [coptional]  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.  Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
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Filing Fee: \$25.00