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PAGE 01/04

Division of Corporations

Page 1 of 2

11000131045

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I200000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IT & MEDIA, LLC

Certificate of Status	1
Certified Copy	0
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K. SALLY
EXAMINER
AUG 29 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

IT & 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 Liability Company were filed on 11/17/2011 and assigned Florida document number L11000131045

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

8300 NW 53RD ST

(Principal office address MUST BE A STREET ADDRESS)

STE 350

MIAMI, FL 33168

Enter new mailing address, if applicable:

8300 NW 53RD ST

(Mailing address MAY BE A POST OFFICE BOX)

STE 350

MIAMI, FL 33168

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	HECTOR ALCALA	8300 NW 53RD ST	<input checked="" type="checkbox"/> Add
		STE 350	<input type="checkbox"/> Remove
		MIAMI, FL 33166	
MGRM	DINORATH RIVERO	9229 SW 227TH ST.	<input type="checkbox"/> Add
		UNIT 6	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33190	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SEC. OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member, authorized representative of a member

HECTOR ALCALA

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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