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D. DRUCE

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Penthouse Media, LLC  Name of Limited Liability Company	
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:	
Alexander Escalante Name of Person	
Name of Person	
Ponthouse Modia, LLC Firm/Company	
Firm/Company	
130 NE S6 Street	
Address	
Miami, FL 33137 City/State and Zin Code	
Only Division and Edy 4 and	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	<i>:</i>
For further information concerning this matter, please call:	2018 SEP 20 PH 1:
Alc) = Alc ( Escalante at ( )  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:	
Name of Person Area Code & Daytime Telephone Number	20 F
	EX P
Enclosed is a check for the following amount:	E. C. Transfer of the second s
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing	TO SEE
Certificate of Status Certified Copy Certificate o  (additional copy is enclosed) Certified Co	of Status &

## 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

Kenthouse Medic		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our recorded Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{M_{c}(c)}{2}$	<u>CΩ</u> and assigned
Tiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
N/A The new name must be distinguishable and end with the words "L		
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	)	
		27 5-9
Enter new mailing address, if applicable:	NIA	JE SE
(Mailing address MAY BE A POST OFFICE BOX)		7 P P 2 P
B. If amending the registered agent and/or registered	office address on our records, e	nter the name of the new
registered agent and/or the new registered office address h	<u>nere:</u>	<b>9</b>
Name of New Registered Agent:	_N/A	
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flori	da
	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 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

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

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Steven Chen	16545 SW 104 C+	Add
		M:=m:, FL 33157	Remove
MBR	Chauncy A Rivey	2112 NW 61 Stiect	
		Mioni, FL 33142	Remove
MGR	ADrien Ne-1	10824 SW 2rd Stree	<u>├</u> ✓ Add
		M: an: , FL 33174	Remove
MGRM	John N Smithwong		Add Add Semove
			20 PM
			Add Remove
			<del></del>
<del></del>		<del> </del>	
•			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NIA
ated _	9/16/13,
	Atto fr
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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