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SECRETARY OF STATE DIVISION OF CORPORATIONS
2019 OCT 31 PM 12: 54

C. LEWIS NOV -1 2012 EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	FLOME	DIAPROILLC	
30000		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ERIC MARCHAND	
		Name of Person	
	F	LOMEDIAPROLLC	
		Firm/Company	
	14	415 NE 109 STREET	
		Address	
	M	IAMI FLORIDA 33138	
		City/State and Zip Code	·
	eri	cmarchand@aol.com o be used for future annual report noti	fication)
For further information	concerning this matter, please c		·
	,		
	ic marchand	at (305)	834-3086
Name o	of Person	Area Code & Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

2012 OCT 31 PM 12: 55

- J-lomedia	prod LLC		
(<u>Name of the Limited Li</u> (A Flo	bility Company as it now appea orida Limited Liability Company)	<u>rs on our records.</u>)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	10/03/2012	and assigned
Florida document numberL1200012609	97 .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicabl	e:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ei	nter Florida street add	ress
_		, 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 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 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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			□ Add □ Remove
·			Add Remove
		hange(s) here: (Attach additional sheets, if necessary.) RACHE title by MGRM = Managing Member	_
/ - -			SECRETARY DIVISION OF C
Dated	ERIC MAT	2012 ember of authorized representative of a member 3CHAWD Typed or printed name of signee	ARY OF STATE CORPORATIONS 31 PM 12: 55

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Filing Fee: \$25.00