## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E. L. DICKSON CONSULTING LLC

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Electronic Filing Menu

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## **COVER LETTER**

	nation Section of Corpo					
E E	. L. DIÇK	SON CONSULTING LL	.c			
SUBJECT:		Name of Lim	nited Liability Con	pany	·	
The enclosed Ar	ticles of Ar	nendment and fee(s) are sub	mitted for filing			
Please return all	correspond	ence concerning this matter	to the following	:	•	
		Cheyenne Moseley				
			Name of P	erson		
		Legaizoom.com, Inc.				
			Firm/Com	pany		
		100 W. Broadway Sui	te 100			
			Addres	5		<del></del> _
		Glendale, CA 91210				
			City/State and	•	-	
		eric@trinityinvestments	sresearch.com		MAN MALITANIAN	<u></u>
For further infor	mation con	corning this matter, please of		io minuar io	port nottrication)	
Imelda Vasqu	lez		323	, 962	2-8600 ext 795	
	Name of P	erson	Area (	òde	Daytime Telepho	ne Number
			,			
Enclosed is a cho	cck for the	following amount:				
□ \$25.00 Filing	g Foe	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fill Certified (additional			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division of P.O. Box	G ADDRESS; on Section of Corporations 6327 cc, FL 32314	·	Registratio Division o Clifton Bu 2661 Exec	f Corporations	

2014 MAR 14 AH 8: 13

SECKETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it new appears of Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lial Florida document number L13000007333	bility Company were filed on 01/1	5/2013 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here	;
Gulfstream Media Partners LLC		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B.		
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on o cc address here:	our records, <u>enter the name of the nev</u>
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:

E. L. DICKSON CONSULTING LLC

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

Page 1 of 3

10:13239624521

MGR = Manager

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		**************************************	☐ Remove
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Page 2 of 3

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Signature of a member or authorized sepresentative of a member			optional) not be more than 90 days after
Signature of a member of authorized representative of a member	e date this document is filed by the Florida Depart	tment of State)	(optional) annot be more than 90 days after
	he date this document is filed by the Florida Depart	tment of State)	(optional) annot be more than 90 days after

Page 3 of 3 Filing Fee: \$25.00

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