113000011694

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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08/03/15--01035--006 **25.00

15 AUG 14 PH 3: 28
SECRETARY OF STATE

1"6 1 4 2915 T. HAMPTON

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: ARE	nas Brothers Name of Lim	Media LLC ited Liability Company	.
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Alejandro	Name of Person	
	<i>J</i>	Name of Person	
	Arenas E	Brothers Media, Firm/Company	21C
	,	Firm/Company	
	10133 No	orthgolden Elm De	2
		O Address	
	Estero	FL 33928 City/State and Zip Code	\$
	a canoc	City/State and Zip Code	
	E-mail address:	media @ gmail. Co. to be used for future annual report notifi	eation)
For further information con-			cation,
Alejandro A	Arenas	at (<u>239</u>) <u>273 – Area Code Daytime</u>	0472
Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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)

MAILING ADDRESS:

٠.

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



RECEIVED 15 AUG 14, PH 3: 05

FLORIDA DEPARTMENT OF STATE ANASSEE, FLORIDA Division of Corporations

August 5, 2015

ALEJANDRO ARENAS 10133 N GOLDEN ELM DR ESTERO, FL 33928

SUBJECT: ARENAS BROTHERS MEDIA, LLC

Ref. Number: L13000011694

We have received your document for ARENAS BROTHERS MEDIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 115A00016416

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arenas Bro	thers .	Media,	LLC	TALE
(Name of the Limited (A	Liability Compar Florida Limited L	y as it now appe iability Company	ars on our records.)	AUG AUG
(Name of the Limited Liab) The Articles of Organization for this Limited Liab) Florida document number	ility Company 94	were filed on _	01/23/2	and assigned PH 3: 2
A If amending name, enter the new name of the	ng: a limitad liabi	lity company	here.	TE CO
Arenas Med The new name must be distinguishable and contain the word	lia L	/. <i>C</i>	licic .	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company." the	designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	10133	Northgolder.	Elm Dr.
(Principal office address MUST BE A STREET A	ADDRESS)	Estero	, FL, 33928	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(<u>X)</u>	10133 Estero	North golden FL 3392	Elm Dr.
B. If amending the registered agent and/or registered agent and/or the new registered office			on our records, <u>er</u>	nter the name of the new
. <u>Name of New Registered Agent:</u>	Alejand	ro Arena	ıs	Dr. a 33928 Zip Code
New Registered Office Address:	10133	NORTH 90 Enter Fi	olden Elm Iorida street address	Dr.
-	Ester	o FL	, Florid	a 33928
		City		Zin 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 Agents Signature of New Registered Agent

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			□ Change
			Remove
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	The standard of the standard o
fan effec	e date, if other than the date of filing:(optional) tive 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 605.0207
lote: l	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
.countre	· ·
e recc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated _	August 10 . 2015 .
	ALLE TO THE TOTAL THE TOTAL TO THE TOTAL TOT
	Ways frame
	Isignature of a member of authorized representative of a member
	SANTIADO ARENAS

Page 3 of 3

Filing Fee: \$25.00