L13000192327

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · ·
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
Amer	<u>l</u>	



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CLORETARY OF STATE
VALUABASSEE PLORIDA

Office Use Only





COVER LETTER

то!	Registration Sec Division of Corp			A. S.	Y ₆
SUBJE	CT: SLIMF	, LLC			
SUBJE	.C1:		ed Liability Company		_
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Tomasz Dziurzynski			
			Name of Person		- .
		Slimfy LLC			
			Firm/Company		
	1451 W Cypress Creek Rd Ste 363				
			Address		
		Fort Lauderdale, FL 3330	9	*****	_
		support@slimfy.org	City/State and Zip Code		
			o be used for future annual report notificat	ion)	_
For fur	ther information co	ncerning this matter, please ca	all:		
То	masz Dziurzynski		at (305) 747 1219		
	Name of	Person	Area Code & Daytime Te	elephone Num	ber
Enclose	ed is a check for the	e following amount:			
■ \$25	.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	Filing Fee, icate of Status & ied Copy ional 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



October 18, 2013

TOMASZ DZIURZYNSKI 1451 W CYPRESS CREEK RD STE 363 FORT LAUDERDALE, FL 33309

SUBJECT: SLIMFY LLC Ref. Number: L13000092327

We have received your document for SLIMFY 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Tim Burch Regulatory Specialist II

Letter Number: 713A00024440



November 21, 2013

TOMASZ DZIURZYNSKI 1451 W CYPRESS CREEK RD STE 363 FORT LAUDERDALE, FL 33309

SUBJECT: SLIMFY LLC Ref. Number: L13000092327

We have received your document for SLIMFY 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):

You failed to make the correction(s) requested in our previous letter.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Tim Burch Regulatory Specialist II

Letter Number: 713A00024440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Slimfy LLC		
(Name of the Limited	d Liability Company as it now a A Florida Limited Liability Comp	appears on our records.) cany)	agelana distribution and desire and the second seco
The Articles of Organization for this Limited L	Liability Company were filed or	n_06/27/2013	and assigned
Florida document number <u>L13000092327</u>	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compar	ıy here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability (Company," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:			FIL DEC -6
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	~	on our records, enter	the name of the new
Name of New Registered Agent:	OLESIA Y. BELCHENKO, P.A	۹.	
New Registered Office Address:	200 SOUTH BISCAYNE BOL		
	641.4.3.41	Enter Florida street aa	ldress
	City	, Florida _	33131 Zip Code
			.r ==

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Alberto Cabrera III	2000 NE 135 ST APT 1006	Add
		NORTH MIAMI, FL 33181	Remove
MGR	Global Media Group LLC	1451 W Cypress Creek Rd #363	Add
		Ft Lauderdale, FL 33309	Remove
			Add
		·	Remove
			FIGURE D Add
			Remove
			Add
			Remove
	,		Add
			Remove

If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessa	ry.)
,		
		
 		
A. OIL	0010	
November 8th		
	The second	
Tomasz Dziu	Signature of a member or authorized representative of a member rzynski	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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