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COVER LETTER

TO: Registration Se Division of Cor			
	ATEWAY STREAM, LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspo	ndence concerning this matter	to the following:	
	ROGER TRUSS		
	 	Name of Person	
	MEDIA GATEWAY STR	EAM, LLC	
		Firm/Company	
	7027 W BROWARD BLV	7D, # 335	
		Address	
	PLANTATION, FL 33317	7	
		City/State and Zip Code	-
	1mediagateway@gmail.com		
	E-mail address: (to be used for future annual report notifica	ttion)
For further information c	oncerning this matter, please ca	all:	ation) Acro 20 CC Acro DEC
GAIL TRUSS		954 479-2655 at (85 ±
Name o	f Person	Area Code Daytime T	Celephone Number
Enclosed is a check for the	ne following amount:		第 第一 3
\$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: 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

MEDIA GATEWAY STREAM, LLC	4	
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000158193	were filed on NOVEMBER 12, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7027 W BROWARD BLVD, #335	
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33317	
Enter new mailing address, if applicable:	7027 W BROWARD BLVD, #335	
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION, FL 33317	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the
	A A	
Name of New Registered Agent:	under the second	
New Registered Office Address:	Γ'	22 do [77]
	Enter Florida street address	
	, Florida <u>«</u>	Zip Code
New Degistered Agent's Signature if changing Degistered Agents	·	₩. OO

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 Agent, 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 = Manager

AMBR = A	MBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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			Remove				
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effective date, if other than the date of filing: Occ effective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the application and the date inserted in the Department of State's records and the Department of State's records.	or to date of icable stat is.	filing or mofe th utory filing req	an 90 days afte uirements, thi	r filing.) P is date w	ill not be	listed
record specifies a delayed effective date, but no ne 90th day after the record is filed.	ot an ef	fective time	, at 12:01 —	a.m. or	the ea	arlier
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