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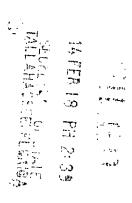
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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJ	ECT:	ALERT TRENDS Name of Limi	MEDIA U.C. ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspondent	ondence concerning this matter t	to the following:	
			verte Pierone	
			Name of Person	
		ALERT	TRENDS MEDIA Firm/Company	ис
		<u>alth hie</u>	ERIDIAN AUENUE Address	= <u>, xPT #9</u>
		MIAMI	BEACH, FL 3. City/State and Zip Code	3139
		<u>alert trends s</u> E-mail address: (t	social @ gmail.com	ort notification)
For fu	rther information of	concerning this matter, please ca	ıll:	
,		E PIERKE of Person	at (310_)Area Code	256 - 5148 Daytime Telephone Number
Enclos	sed is a check for t	he following amount:		
\$2	5.00 Filing Fee	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

ALERT TRENDS (Name of the Limited Liability Compar (A Florida Limited L	MEDIA L ny as it now appears iability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	2/10/14	and	d assig	ned
Florida document number					
This amendment is submitted to amend the following:		,			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limited Liabi	lity Company " the c	lesignation "LLC" or th	e abbreviat	ion "L.I	C."
		<b></b>			
Enter new principal offices address, if applicable:	•				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	Po	Box 191656			
(Mailing address MAY BE A POST OFFICE BOX)		Beach, FL_			
					<del></del>
B. If amending the registered agent and/or registered of		our records, ente	er the na	me of	the r
registered agent and/or the new registered office address here	:		$\mathbb{E}_{V}$	**************************************	
			Time Co	<u> </u>	
Name of New Registered Agent:			inter f	714	, 1 <sub>1</sub>
New Registered Office Address:				3	.9
	Enter Flori	da street address	12 pr		721
		, Florida		Ŋ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4. 10 a 10 a	City		Zip C	Zode Ne	A College of
New Registered Agent's Signature, if changing Registered Agent:			i.		

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 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:

MGR = Manager

AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> 944 MERIDIAN AVENUE APT Add MGR LOGENE PIEKKE MIANI BEACH FL 33139 Remove ☐ Remove □ Add \_□ Remove <u>≥</u>o Add;: □ Remove CO ☐ Remove □ Add □ Remove

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective	e date, if other than the date of filing: (optional)
(The effecti	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	2/14/2014
	Marto
	Signature of a member or authorized representative of a member
	MELLANY PAYNTER Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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