L14000029275

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BREEZE AD MEDIA LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALFRED PETIT
Name of Person
BREEZE AD MEDIA LLC
Firm/Company
7130 SW 43 ST
Address
MIAMI, FL 33155
City/State and Zip Code HERMINIAF@AOL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HERMINIA FERNANDEZ 305, 859-2090
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

BREEZE AD MEDIA, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000029275</u>	were filed on 02/20/2014	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:	
BREEZE + MEDIA, LLC		
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALL SE
(Principal office address MUST BE A STREET ADDRESS)		<u>> </u>
		D outered if
		SA C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		LORA I
		DE J
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F . Fl . 1	
	Enter Florida street address	
	, Florida _	7: 0.1
	Citv	Zip 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 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>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _D Add ____ □ Add ____ 🗖 Remove _____ Add ____ Remove _____ Add

If amending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
	
	<u> </u>
ffective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receipt or filed date and can he date this document is filed by the Florida Department of State)	mot be more than 90 days after
MARCH 5	
aled	
(N feel)	
Signature of a member or authorized represent	ative of a member
ALFRED PETIT	
Typed or printed name of cigne	20

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Filing Fee: \$25.00

