L14 0000 79268

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Security Division of Corp	ction porations "		
	EDIA LLC	· ·	
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
	GARY FERONE		
		Name of Person	
	WISE MEDIA LLC		
		Firm/Company	
	27 FIFTH STREET		
		Address	
	STAMFORD, CT 06	905	
	gary@fairfiledfamilyc	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please co	all:	
ARMANDO MORA	LES	305 338-2417	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed 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)	□ \$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 ARTICLES OF ORGANIZATION **OF**

WISE MEDIA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on MARCH 10, 2014 and assigned
Florida document number L14000039268	
Piorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
A. If amending name, enter the new name of the minted han	omty company nere:
77.	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13523 SW 118th PATH
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33186
F.,	27 FIFTH STREET
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	STAMFORD, CT 06905
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the r
registered agent and/or the new registered office address her	<u>e:</u>
	Con Con
Name of New Registered Agent:	
New Registered Office Address:	SS 14 25
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	, Florida
	City Sip Gode
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	ARMANDO MORALES	11590 SW 91 TER	Add
		MIAMI FL 33176 US	■ Remove
			· · · · · · · · · · · · · · · · · · ·
			Add
			□ Remove
			
			□ Remove
			Add
			TALL TARY C
			Add Remove
			□ Remove

amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
ective date, if other than the date of a effective date must be specific, cannot be prior date this document is filed by the Florida Depa	to date of receipt or filed date and cannot be more than 90 days after
JANUARY 7	2015
G	a Sall
Signature	of a member or authorized representative of a member
ARMANDO MORALES	
·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 JAN 14 PM 1:08
SECRETARY OF SIAIR