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(Requ	estor's Name)	
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COVER LETTER

Registration Section

):

Division of Corporations PUSH Media, LLC JBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Patrick Mency Name of Person PUSH Media, LLC Firm/Company 101 Marketside Ave. 404-177 Address Ponte Vedra, FL 32081 City/State and Zip Code patrick@fueloutdoormedia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 904 537-0322 Patrick Mency Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUSH Media, LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now apprinted Liability Company	pears on our records.)	
he Articles of Organization for this Limited Liability Conforda document number L14000081510		05/20/2014	and assigned
his amendment is submitted to amend the following:			
v. If amending name, enter the new name of the limited	d liability company	here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," tl	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
			·
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		·	<u> </u>
			<u> </u>
			(6.3
3. If amending the registered agent and/or registered or igent and/or the new registered office address here:	thee address on ou	r records, <u>enter the</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter i	Florida street address	
	. Florida		la
	City		Zip Code
lew Registered Agent's Signature, if changing Registered A	<u>gent:</u>		
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and composition as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance nt as provided for i	of my duties, and I n Chapter 605, F.S	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added_removed from our records</u>:

GR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
иGR	Eugene Larry Mency	70 Carnauba Way	
			= Ad d
		Ponte Vedra, FL 32081	
			□Remove
			5.0
			Change
			□Remove
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			☐Add
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: If the date inserted in this b	ist be specific and cannot be prior to date of filing o	(optional) or more than 90 days after filing.) Pursuant to 605.020 (iling requirements, this date will not be listed as
	•	
ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day after the
October 5	2020	
d	·	
That	the M	
- 411	Signature of a member or authorized representat	ive of a member