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(Re	equestor's Name)	
(Address)		
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(Ci	ty/State/Zip/Phone	e #)
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(Document Number)		
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COVER LETTER

Division of Corporations		
	chell Johnson Management, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	s of Amendment and fee(s) are submitted for filing.	
Please return all o	respondence concerning this matter to the following:	
	Michael W Johnson	
	Name of Person	
	ChangeMongers, LLC	
	Firm/Company	
	3112 Brittany Court	
	Address	
	Pensacola, FL 3250	
	City/State and Zip Code	
	mike.johnson@changemongers.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ion concerning this matter, please call:	
Michael W John	850 232-4040 at ()	
	ime of Person Area Code Daytime Telephone Number	_
Enclosed is a che	for the following amount:	
□ \$25.00 Filing	The second states are second	Status &
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Mitchell Johnson Management, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed onAugust 27, 2014	and assigned
Florida document number L140001343898		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
United Indoor Advertising, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		7 0 0 m
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		三 五 五
Enter new mailing address, if applicable:		127 =
Mailing address MAY BE A POST OFFICE BOX)		70 F
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 		iter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
— • _ • _ •	City	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			CREMENT OF REMOVE
			SSECOT Change
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			□ Remove
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	August 6, 2018	
(If an effective of	ate, if other than the date of filing:date is listed, the date must be specific and cannot be prior to date of filing or more.	than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the	date inserted in this block does not meet the applicable statutory filing re effective date on the Department of State's records.	quirements, this date will not be listed as th
document se	sheetive take on the population of state 3 records.	
the record s	specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier of:
	day after the record is filed.	
Aus	igust 3 2018	
Dated		
	Mitwo 12 Suran	
	Signature of a member or authorized representative of a	ı member
N	Michael W. Johnson	
_	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00