14000/58890

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COVER LETTER

TO: Registration Sec Division of Corp			ı
SUBJECT: Fro	onteras Ver Name of Lim	ntures ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Milka	Proat + Name of Person	l I
	Fronter	ras Ventures Firm/Company	777
	8144 7	Piedmont Dr	ive
		FL 34104 City/State and Zip Code	
	milka (E-mail address: (1	o Fronteras Ver to be used for future annual report notifi	itures.com
For further information co	oncerning this matter, please ca		
Milka		nt (941) 323 - Area Code Daytime	-6312 Telephone Number
Enclosed is a check for th	e following amount:		I
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Fronteras Ventu (Name of the Limited Liability Compan (A Florida Limited Lia	ves LLC y as it now appears on our record ability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1H000158890</u> .	vere filed on10 - 10 -	14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Media Content Intern The new name must be distinguishable and contain the words "Limited Liability		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET ADDRESS)		13
Enter new mailing address, if applicable:		25 24
(Mailing address MAY BE A POST OFFICE BOX)		1
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:		s, enter the name of the new
Hew registered office readings.	Enter Florida street addres.	s
	- '	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, an ovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
		i L

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Change
			□ Remove
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e: If the	e date is listed, the date e date inserted in the effective date on the	is block does not a	meet the appl	icable statutory	g or more than 90 filing requirent	days after filing.; ents, this date	will not be listed a
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ed	October		. <u>2019</u>		<u> </u>		ı
-		Signature of a	member or au	horized represer	ntative of a memb	<u> </u>	· ·
				ratt			

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Filing Fee: \$25.00