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COVER LETTER

TO: 1	Registration Division of C	Section orporations			
CUDIEC		dia, LLC			
SUBJEC	1;	Name of Lim	ited Liability Company		
			•		
The enclo	sed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all corres	pondence concerning this matter	to the following:		
		Jordan Karlick			
			Name of Person		
		Mojo Media			
			Firm/Company		
		7900 Glades Rd. STE 220			
			Address		
		Boca Raton, FL 33434			
			City/State and Zip Code		
		accounting@themojomedia			
		E-mail address: (to be used for future annual report notifica	tion) Ecc	25
For further	er information	n concerning this matter, please co	all:	LA	2818 5
Jordan K			561 948-5917 at ()	HE ASS	_ jr
	Nam	e of Person		elephone Number	P E
Enclosed	is a check fo	r the following amount:		ROS	2
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Contact (additional copy)	f Status & py

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

MOJO MEDIA, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	<u>Dears on our records.)</u> 1y)
The Articles of Organization for this Limited I	Liability Company were filed on	10/16/2014 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," (he designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent	Mor registered office address	on our records, enter the name of the ne
Name of New Registered Agent:	Christopher Finley Law Office of Christopher Fin	
New Registered Office Address:	636 East Atlantic Ave Suite 20	05
	Enter	Florida street address
,	Delray Beach	, Florida <u>33483</u>
	Circ	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

		Add Remove Change Add Remove Change Add
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	 N P H	Remove
	 : 21 RID	Change
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		🗖 Change
	 	🗆 Add
		EFFLORIDA

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

Need to remove M&M Media	as regestered agent and add	our lawyer Chris Fir	iley.	
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fective date, if other than the d an effective date is listed, the date must be	be specific and cannot be prior	to date of filing or more	(optiona than 90 days after filir	g.) Pursuant to 605
ote: If the date inserted in this blococument's effective date on the Dep	k does not meet the applica	ible statutory filing re	equirements, this da	te will not be list
reament's effective date of the Dep	arthem of State's records.			
e record specifies a delayed The 90th day after the recor		an effective tim	e, at 12:01 a.m	on the earlie
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September 13th	2016			
neu	,	<u> </u>		
O. A .				

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Filing Fee: \$25.00

Typed or printed name of signee