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SECRETARY OF STATE

APR 22 2015 J. HARRIS

COVER LETTER

Division of Cor			
SUBJECT:	TIMEWOR	RKS MEDIA LLC	
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	1	Mercedes A Toledo	
		Name of Person	······································
	Ti	meworks Media LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	7	7278 NW 58th Street	
	•	Address	·····
		Miami, FI 33166	
		City/State and Zip Code	
		edestoledo@timeworks.tv to be used for future annual report notific	
C 64 i64i			cation)
	concerning this matter, please ca		
Mercedes	A Toledo	305 471-8145 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 TO ARTICLES OF ORGANIZATION OF

TIMEWORKS	MEDIA LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company	were filed on12/2	29/2014	and as	signed
Florida document number L14000195972				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
N/A				
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation	"LLC" or the at	breviation "	L.L.C."
Enter new principal offices address, if applicable:		:		2
(Principal office address MUST BE A STREET ADDRESS)		N/A		ו ב
			N A	e stare
Enter new mailing address, if applicable:				E
(Mailing address MAY BE A POST OFFICE BOX)		N/A	"# JEAN	
	· · · · · · · · · · · · · · · · · · ·		Ş <u>.</u>	7)
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, <u>enter t</u>	he name	of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
	Enter Florida street a	ddress		_
		_, Florida		
	Ciry		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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose Morin	9582 NW 41st Street	□ Add
		Doral, FI 33178	■ Remove
			□ Add
			□ Remove
			Add
			□ Remove
			Add Add A Composer
			TALLAHASSEE.FLORIO
			☐ Remove
			□ Add
			Remove

Article IV is	hereby amended to name the authorized persons to manage
Timeworks	Media LLC as : Mercedes A Toledo, Mireia Carrillo and Andres
Romero. Jo	ose L Morin's ownership interest in Timeworks Media LLC was
transferred	to Timeworks Media LLC in consideration of \$1 dollar and other
1 -1.1	
 -	nsideration and receipt of which is hereby acknowleged.
Effective date, if or (The effective date must	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
Effective date, if or (The effective date must	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if of (The effective date must the date this document	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
Effective date, if of (The effective date must the date this document	ther than the date of filing: be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State) April 6 2015

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Filing Fee: \$25.00

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