## L15000007180

| (Re                     | questor's Name)   |                                       |
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| (Cit                    | y/State/Zip/Phone | e #)                                  |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Nan | ne)                                   |
| (Do                     | cument Number)    |                                       |
| Certified Copies        | _ Certificates    | of Status                             |
| Special Instructions to | Filing Officer:   |                                       |
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Office Use Only



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## **COVER LETTER**

|             | egistration Se<br>ivision of Cor |  |   |  |          |   |
|-------------|----------------------------------|--|---|--|----------|---|
| SUBJECT     | Global Med                       | dia Group LLC                                      |   |  |          |   |
| SUBJECT     | •                                | Name of Lim  | nited Liability Company   |  |          |   |
|             |                                  | Amendment and fee(s) are sub                       |   |  |          | a |
| Please retu | m all correspo                   | ndence concerning this matter Charles P. Eveillard | to the following:   |  |          |   |
|             |                                  |  | Name of Person  |  |          |   |
|             |                                  | Global Media Group LL0                             | 0   |  |          |   |
|             |                                  |  | Firm/Company  |  |          |   |
|             |                                  | 2024 Hollywood Blvd                                |   |  |          |   |
|             |                                  | Hollywood, FL 33024                                | Address   |  | 18 SEP   |   |
|             |                                  | confisus@hotmail.com                               | City/State and Zip Code   |  | 7        |   |
| For further | information co                   | E-mail address: ( oncerning this matter, please co | to be used for future annual report notif<br>all:                   | ication)   | PM 2: 44 | 4 |
| Charles P   | . Eveillard                      |  | 786 443-0300  |  | <u>ٿ</u> |   |
|             | Name of                          | f Person   | Area Code Daytime   | : Telephone Number   |          |   |
| Enclosed is | s a check for th                 | e 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<br>Certificate of St<br>Certified Copy<br>(additional copy is e | atus &   |   |
|             |                                  |  |   |  |          |   |

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

Global Media Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned Florida document number L15000007180 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Perez Accounting Services Name of New Registered Agent: 3107 Stirling Road Suite 205 New Registered Office Address: Enter Florida street address \_\_, Florida 33312 Zip Code Fort Lauderdale City

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>        | Type of Action |
|--------------|-------------------------|-----------------------|----------------|
| MGR          | Jorge A. Gamboa         | 2024 Hollywood Blvd   |                |
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|              |                         | Hollywood, FL 3024    | ■ Remove       |
|              |                         |                       | Kemove         |
|              |                         |                       | ☐ Change       |
| MGR          | Marie Antione-Eveillard | 2024 Hollywood Blvd   |                |
|              |                         | Hollywood, FL 33024   |                |
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| fective         | date, if other                | r than the da                | te of filing:           |                |  |                   | _ (optional)         |                    |
| n effecti       | ive date is listed,           | the date must be             | specific and c          | annot be prior |  | or more than 90 d | ays after filing.) F | ursuant to 605.020 |
|                 | s effective da                |                              |                         |                |  | ining requireme   | nes, mis date w      | in not be fisted a |
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Filing Fee: \$25.00