**Division of Corporations** Page 1 of 2 rida Department of States ordorations. Electronic Cover Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H170001594323))) H170001594323ABC% Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 \*\*Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please. \* . ji Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY TOTAL MEDIA, LLC RECEIVED Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00 D. SCOTT JUN 1 5 2017 https://efile.sunbiz.org/scripts/efilcovr.exe 6/14/2017

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MY TOTAL MEDIA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/30/2015 and assigned Florida document number L15000130520

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 officer address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11402 NW 41ST STREET

SUITE 211-656 DORAL, FL 33178

Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)

11402	NW	41ST	STREET

SUITE 211-656 DORAL, FL 33178

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:

Name of New Registered Agent:	TAXES USA LLC				
New Registered Office Address:	11402 NW 41ST STRE	ET SUITE 211			
	Enter Florida street address			THE FULL	
	DORAL	, Flori	ida <sup>33178</sup>	空気量し	
	Cit	y	Zip	Code _ F.	
New Registered Agent's Signature, if changing	Registered Agent:		U	22 23	

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 dulies, 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

Page 1 of 3

ن) ۲۰ If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

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## MGR = Manager AMBR = Authorized Member

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<u>Title</u> MGR	<u>Neme</u> Guimar Parra		Address 906 S.POWERLINE RD	Type of Action	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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