45000/33769

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900323900659

02/04/19--01043--022 **80.00

FEB 0 9 2019 S. YOUNG 19 FEB -4 FA 3: 40

COVER LETTER

	Registration Se Division of Cor								
enn ne		a Solutions, LLC							
SUBJEC	J1:	Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	eturn all correspo	ndence concerning this matter	to the following:						
		Maria Rojas							
			Name of Person						
		Metis Media Solutions, LL	C						
Firm/Company									
		8601 SW 94th ST, #225W							
		Name of Person Metis Media Solutions, LLC							
		Miami,FL 33156							
			City/State and Zip Code						
		E-mail address: ()	to be used for future annual report notific	cation)					
For furth	ner information co	oncerning this matter, please ca	all:						
Maria R	•		786 715-9384 at ()						
	Name o	f Person	Area Code Daytime	Telephone Number					
Enclosed	l is a check for th	ne 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:

TO:

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

Metis Media Solutions, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>08/05/2015</u>	and assigned
lorida document number L15000133769		
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 "LLC." 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) Miami, FL 33156		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8601 SW 94th ST #225W	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33156	
Enter new mailing address, if applicable:		= 5
Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33156	<u> </u>
		÷
B. If amending the registered agent and/or registered of		ter the name of the
registered agent and/or the new registered office address her	<u>re</u> :	<u> </u>
		5- 5
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	izmer v uniau sireei aaaress	
	Florida	Zin 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Digital Marketing Technologies, LLC	251 Little Falls Drive	≡ Add
		Wilington, DE 19808	
			□ Remove
			Change
MGRM	Ariadna Communications Group	703 Waterford Way ST, 920	□ Add
		Miami, Fl. 33126	
			■ Remove
			□ Change
MGRM	Marin, Monica P.	703 Waterford Way ST, 920	
		Miami, FL 33126	
			Change
MGRM	Duarte Don Anjos, Fernanda	703 Waterford Way ST, 920	
		Miami, FL 33126	O Aud
			■ Remove
			□ Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

						<u></u>					_
									'		_
											_
			_ _	_							-
								<u>. </u>	<u>.</u>	_ 	
					•	<u></u>					_
											-
											~
											_
				<u>.</u>			•	· · ·	 _		_
											_
							<u> </u>				_
		_									_
	<u></u>			_ _							_
											_
											-
Caetiva d	lata if athar	than tha	data af fili	01/10	0/2019			te	ntional)		
n effective	late, if other date is listed.	the date must	be specific :	ınd cannot b	e prior to c	late of filing	g or more th	an 90 days	aller (iling.)	Pursuant to 60	5.020
	e date inserte effective dat					e statutory	tiling req	uirements.	this date v	vill not be iis	ited a
	specifies a				ut not a	n effect	ive time	, at 12:0)1 a.m. o	n the earl	ier c
The 90t	h day afte	the reco	ord is file	d.							
Janu	iary 10			2019							
ited	<u> </u>			-· —		, A					
				, ,							
		\downarrow	\an'	DRiv	nsi						
		-A	Signature of	a member o	r authoriza	ed represen	tative of a	member			

Page 3 of 3

Filing Fee: \$25.00