L15000149780

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700276839557

700276839557 09/18/15--01026--011 **55.00

> FILED 2015 SEP 18 P 12: 25 SECRETARY OF STATE

SEP 2 1 2015

8 MASON

COVER LETTER

TO:	Registration Se Division of Cor		* *	\$ 3
		edia International		
SUBJI	ECT:	Name of Limit	ted Ljability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Arik Levy		
			Name of Person	1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4
		Tactical Media Internationa	ai, LLC	
			Firm/Company	
		304 Indian Trace, #917		
			Address	
		Weston/FL 33326		
		·	City/State and Zip Code	
		ariklevy@me.com		
		E-mail address: (t	o be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please ca	ill:	
Arik l	.evy		954 662-5687 at ()	
	Name o	f Person		ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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

Tactical Media International, LLC		•
(Name of the Limited Li (A F	ability Company as it now appears on our record orida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabili Florida document number		and assigned
This amendment is submitted to amend the followin	g:	
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 A)		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	address here:	
	Enter Florida street addres	S
_		orida
Nam Danistanad Amerika Cimpetana if abandana Dani	City	Zip Code
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered ag		
provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chai	gent and agree to act in this capacity. I fund and complete performance of my duties, ar and agent as provided for in Chapter 605, astered office address, I hereby confirm the	ad I am familiar with and F.S. Or, if this document is at the limited liability

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>	<u>Address</u>	Type of Action
MGR	Mignon F. Levy	150 Bonaventure Blvd., #209	□ Add
		Weston FL, 33326	≅ Remove
			☐ Change
MGR	Arik Levy	18459 Pines Blvd., #321	■ Add
		Pembroke Pines, FL 33029	☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
	·		□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Remove Change

mending any other in					
1			·	····································	
		· · · · · · · · · · · · · · · · · · ·			
 			·	<u>. </u>	
	·	····			
V					
		<u>,</u>			
			-		
					
					
<u> </u>					·
ective date, if other t	han the date of fil	ing:		(optional)	
ective date, if other the neffective date is listed, the tee: If the date inserted it	e date must be specific in this block does no	and cannot be prior to date of meet the applicable s	e of filing or more than 9 tatutory filing require	00 days after filing.) Pements, this date wi	ursuant to 605.02 Il not be listed
cument's effective date					
record specifies a o	dolovod offoativ	a data but aat aa	offostivo timo si	+ 12:01 a.m. or	the earlier
The 90th day after t			enective time, a	t 12.01 d.m. or	the carner
September 15th		2015			
ted	7				
	/M			~	1
-	Signature of	a member or authorized	representative of a men	nber 5	(CREE
	ARIK LET	14		ART ST	
	HIK HE	Typed or printed nan	ne of signee	1.54	
				ल्ब .	O O
				Es.	

Filing Fee: \$25.00