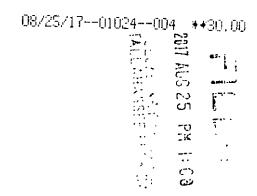
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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    | <u>-</u>    |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
| AR 4                    | 119/17            |             |
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Office Use Only



300302876813



J. HARRIS

### **COVER LETTER**

| Division of C            |  |   |   |
|--------------------------|--|---|---|
| LOCAL<br>Subject:        | AD LLC                                     |   |   |
| sobject:                 | Name of Lim                                | nited Liability Company   |   |
| The enclosed Articles    | of Amendment and fee(s) are sub            | omitted for filing.   |   |
| Please return all corres | pondence concerning this matter            | to the following:   |   |
|                          | Edinson J Mojica                           |   |   |
|                          |  | Name of Person  |   |
|                          | LOCAL AD LLC                               |   |   |
|                          | ****                                       | Firm/Company  |   |
|                          | 1660 NE 191 ST Apt. 414                    |   |   |
|                          |  | Address   | <del></del>   |
|                          | Miami, FL 33179                            |   |   |
|                          |  | City/State and Zip Code   |   |
|                          | miamilocalad@gmail.com                     | to be used for future annual report notif                           | ication)  |
| For further information  | n concerning this matter, please c         | •   | readon,   |
| Edinson J Mojica         |  | 305 331-37 <i>5</i> 9   |   |
| Nam                      | e of Person                                | Area Code Daytime   | : Telephone Number  |
| Enclosed is a check fo   | the 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 Status &<br>Certified Copy<br>(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

LOCAL AD LLC

company has been notified in writing of this change.

| (Name of the Limited Liabil<br>(A Florid  | ity Company as it now a<br>a Limited Liability Comp | ppears on our records.)<br>any) |                 |              |               |
|---|---|---------------------------------|-----------------|--------------|---------------|
| e Articles of Organization for this Limited Liability (orida document number £15000189457     | Company were filed o                                | November 09, 2016               | ar              | nd assi      | gned          |
| is amendment is submitted to amend the following:   |   |                                 |                 |              |               |
| If amending name, enter the new name of the lim   | nited liability compa                               | ny here:                        |                 |              |               |
|   |   |                                 | 3- C            | 2911         | err. I s      |
| e new name must be distinguishable and contain the words "Lin                                 | nited Liability Company,                            | the designation "LLC" or        |                 | on PL.L      | .C." 1        |
| nter new principal offices address, if applicable:  | 1660 NE 1   | 91 ST Apt. 414                  | 五:11<br>次元:     | <b>い</b>     | il .          |
| rincipal office address MUST BE A STREET ADD  | RESS) Miami, FL                                     | .33179                          | <u> </u>        |              | <b>5</b> '. ' |
|   |   |                                 | -:- <u>-</u>    | <b>-3</b> -: | 1             |
| nter new mailing address, if applicable:  | 1660 NE 1   | 91 ST Apt. 414                  | ž* ,            | : ,<br>©     |               |
| Aailing address MAY BE A POST OFFICE BOX  | Miami, FL   | . 33179                         |                 |              |               |
| If amending the registered agent and/or registered agent and/or the new registered office add |   | ss on our records, <u>er</u>    | iler the n      | ame o        | f the         |
| ivame of New Registered Agent.  |   | <del></del>                     |                 |              |               |
| New Registered Office Address: 1660   | NE 191 ST Apt. 414 Ente                             | er Florida street address       | -               |              |               |
| Miam  | i   |                                 | a <u>3317</u> 9 |              |               |
| Man   | 1.  | المنسمات                        |                 |              |               |

If Changing Registered Agent, Signature of New 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

# 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 |
|--------------|----------------|---------------------------------|----------------|
| MGR          | David J Suarez | 10101 E Bay Harbor Dr. Apt. 508 |                |
|              |                | Bay Harbor Islands, FL 33154    | Remove         |
|              |                |                                 | Change         |
|              |                |                                 | D∆dd           |
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|              |                | <del></del>                     | Change         |
|              |                |                                 |                |
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|              |                |                                 | Remove         |
|              |                |                                 | — ☐ Change     |
|              |                |                                 | Add 25         |
|              |                | © Remove                        |                |
|              |                |                                 | Change         |
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|  | tional)<br>ter filing.) Pursuant                 | to 605.02<br>be listed |
| lete: If the date inserted in this block does not meet the applicable statutory filing requirements, the   | ins date win not t                               |                        |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, the cument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01   |  | earlier                |
| lote: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  The effective time, at 12:01. The 90th day after the record is filed.  |  |                        |
| lote: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  The effective time, at 12:01. The 90th day after the record is filed.  |  | 2017                   |
| lote: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  The effective time, at 12:01. The 90th day after the record is filed.  |  | ZBIT AUG               |
| lote: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  The effective time, at 12:01. The 90th day after the record is filed.  |  | ZBIT AUG               |
| lote: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.  Signature of a member or authorized representative of a member.   | a.m. on the                                      | 2017 AUG 25            |
| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af lote:  If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.  Signature of a member or authorized representative of a member.  Extinson J Mojica  Typed or printed name of signee. | a.m. on the                                      | ZBIT AUG               |

Page 3 of 3

Filing Fee: \$25.00