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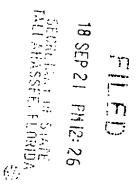
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COVER LETTER

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то:	Registration Sec Division of Corp			
C		ANET MEDIA LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		ALVARO GUEVARA		
		TICKET PLANET MEDIA	Name of Person	
	Firm/Company 12963 W OKEECHOBEE RD STE 3			
		HIALEAH GARDENS, FI	Address L 33018	
		4GLOBALCORP@GMAII		
			to be used for future annual report notific	ration)
For furt	her information co	oncerning this matter, please co	ıil:	
ALVAF	RO GUEVARA		786 203-7388 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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:

T. .

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

TICKET PLANET MEDIA LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records. mited Liability Company)	<u>') </u>
The Articles of Organization for this Limited Liability Con	npany were filed on 01/05/2016	and assigned
lorida document number L16000003321		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
APPORTIONED TAG AGENCY OF MIAMI LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		2-3 S
		<u> </u>
nter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
		-
 If amending the registered agent and/or register egistered agent and/or the new registered office addres 		enter the name of the n
gistered agent and or the new registered office admits	·	
Name of Name Danistand Assets		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Flo	
	City	Zip 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, 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>	Address	Type of Action
			Add
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ve date, if other than the date of filing:ective date is listed, the date must be specific and cannot be prior to date o	(optional) If filing or more than 90 days after filing) Pursuant to 6
If the date inserted in this block does not meet the applicable star	tutory filing requirements, this date will not be li
ent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an ef	ffective time, at 12:01 a.m. on the ear
90th day after the record is filed.	
SEPTEMBER ATU	
SEPTEMBER 9TH 2018	
/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00