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SEURETARY OF STATE TALLAHASSEE, FLORIDA

K. SALY JAN 13 2017

COVER LETTER

TO:

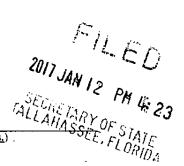
Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
CHIPTEOTE	m Media, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Rene			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
	The Draves Law Firm, P.A	۸.		
		Firm/Company		
	120 E. Concord St.			
		Address		
	Orlando, FL 32801			
		City/State and Zip Code		
	rene@draveslawfirm.com			
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Rene		407 423-1183		
Name	of Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for	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, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS: tration Section	STREET/COURI Registration Sectio		
Division of Corporations P.O. Box 6327			Division of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Echosystem Media, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/11/2016 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L16000030017 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kronotiq Media, LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

Florida

2017 JAN 12 PH & ZType of Action
SECRETARY OF STATE Add or removed from our records: MGR = Manager AMBR = Authorized Member Title Name **Address** ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The 90th day after the record is filed. Dated January 10, 2017 Signature of a member of puflipsfixed representative of a member					h. 2
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Signature of a member of authorized representative of a member			(10)		
		Cianatury of a	member or authorized refre	Sentative of a member	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00