## L16000096221

<u> </u>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration As Filing Officers
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CORCTARY OF STATE

**S Warren** AUG 1 1 2016

## **COVER LETTER**

TO:				in <sub>t</sub>
• Surie		T WALKERS MEDIA LLC	. ,	<i>i</i> .
		Name of Limit	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	Division of Corporations			
		Alejandro Acosta		
			Name of Person	
			Firm/Company	
		826	5 NW 56th ST	
			Address	
		Miami I		
		a access a Charmail and	City/State and Zip Code	
			to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	ılı:	
Alej	andro Acosta			•
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>□ \$</b> 2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

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n "LLC" or the abbreviation	"L.L.C."
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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>	Name	Address	Type of Action
MGR	Alejandro Acosta	8265 NW 56th ST	Add
		Miami, FL 33166	☐ Remove
			■ Change
AMBR	John Castano	8265 NW 56th ST	
		MIami FL 33166	□ Remove
			■ Change
	<del></del>		Add
			□ Remove
			☐ Change
	<del></del>		
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<del></del>		73th 2 7111 - 1	□ Add
		70 - 1 20 - 1 20 - 2 20 - 3 20 - 3 20 - 3 20 - 3 20 - 3 20 - 3	Remove
		543 1743 1743	Change
	<u> </u>		Add Remove
		? 	☐ Remove ,
		•	☐ Change

amend	ing any other information, enter change(s) here: (Attach additional sheets, if n	recessary.)	
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<u>Vote:</u> If locumen	date, if other than the date of filing:  (date, if other than the date of filing:  (date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements, t's effective date on the Department of State's records.  (d specifies a delayed effective date, but not an effective time, at 12:0	, this date will not be lis	ted a
The 9	Oth day after the record is filed.		
ated	<u>4180st</u> 8, <u>2016</u> .		
	Alexandro Acosta G.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signature of a member or authorized representative of a member		
•	ALEJANDRO ACOSTA	ANY OF	M
	Typed or printed name of signee	- S N	
		2: 2 0RII	
	Page 3 of 3	Dm	

Filing Fee: \$25.00