L16000100395

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

MIAMI MI SUBJECT:	EDIA PROFESSIONALS, LLO	2		
30BJEC 1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopher A. DiSchino,	Esq.		
		Name of Person		
	DiSchino & Schamy, PLL	С		
		Firm/Company		
	4770 Biscayne Blvd., Suite 600			
		Address		
	Miami, Florida 33137			
	-	City/State and Zip Code		
	christopher@dsmiami.com			
	E-mail address: (to be used for future annual repor	rt notification)	
For further information c	oncerning this matter, please of	all:		
Christopher A. DiSchine)	786 581-25		
Name o	f Person	Area Code D	raytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	<u>ss:</u>	Street Addre		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI MEDIA PROFESSIONALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company		and arrianed
Florida document number L16000100395	were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oilit <u>y co</u> mpany herę:	
CORAL WAY MEDIA SERVICES, LLC	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liab:	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
		292
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Reducing To a
		6
		1977 P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
		77.7
Name of New Registered Agent:		m ···
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent.		•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			⊡Add
		□Remove	
			□ Change
			⊡Add
			□Remove
			□Change
			□Add
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		 .	Remove
			□Change

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lfan c Note	tive date, if other than the date of filing: (optional) ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	October 25 Senature of a monyer or authorized representative of a member
	Edwin Warren Striffing Typed or printed name of signee

Filing Fee: \$25.00