



Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address								
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAKING SKY MEDIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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S. YOUNG

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Corporate Filing Menu

Help

COVER LETTER

Division of Co					
SUBJECT: WAKING	SKY MEDIA, LLC				
SUBJECT:	Name of Lin	nited Liability Company	There is a state of the other sequences or any sample.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	undence concerning this matter				
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
	**************************************	Firm/Company		a	2
101 N. Brand Blvd., 11th Floor					
		Address		16 NOV 17] i= ();
	Glendale, CA 91203				TATT AHASSEE, FLORES
		City/State and Zip Code		AH 11: 06	
	Julianekania@gmail.con			7.	Ċ
		to be used for future annual report notif	ication)	5	5
For further information of	concerning this matter, please o	મી:			
Cheyenne Moseley		800 773-0888 ex	rt. 9724		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 Pee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ING ADDRESS:	STREET/COURI Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAKING SKY MEDIA, LLC			
(Name of the Limite	i Liability Compa A Florida Lunited I	ny as it now appears on our records.	
The Articles of Organization for this Limited Lia Florida document number £16000102186 This amendment is submitted to amend the follow	bility Company		and assigned
A. If amending name, enter the new name of t	<u>the limited liabl</u>	lity company here:	A AL
The new trame must be distinguishable and end with the wa	ords "Limited Liahi	ility Company," the designation "LLC"	or the abbieviation "L.L."
Enter new principal offices address, if applical	ble:	12421 NW 15th St.	or the abbieviation "LLE ACCEPTED AND ACCEPTED AND ACCEPTED AND ACCEPTED AND ACCEPTED ACCEPTE
(Principal office address MUST BE A STREET		Sunrise, FL 33323	
			3
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		12421 NW 15th St. Sunrise, FL 33323	AMII: DG
B. If amending the registered agent and/or registered agent and/or the new registered offi			<u>сдієт the name of the new</u>
Name of New Registered Agent:	United States 6	Corporation Agents, Inc.	
New Registered Office Address:	13302 Windin	g Oak Court, Suite A	
		Enter Florida street address	
	Tampa	, Flori	ida 33612 Zip Code
Nove Devictaned Land Commission of the Commission Devices		City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re company has been notified in writing of this ch	agent and agre and complete pered agent as per gistered office a ange.	performance of my duties, and rovided for in Chapter 605, F., address, I hereby confirm that Cheye	I am familiar with and S. Or, if this document is the limited liability enne Moseley, assistant secretary on f of United States Corporation Agents, Inc.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chris Crilly	12421 NW 15th St. #203	
		Sunrise, FL 33323	✓ Remove
AMBR	Sherri Tenpenny	12421 NW 15th St. #203	□ Add
		Sunrise, FL 33323	☑ Removo
			D bb A C
			OR Remove
			D Add
			☐ Remove
		et pagging general gassalatan kalayara, yank PA-ya igaya mellera ya asay ia ar A a	□ Remove
			□ Remove

Article IV. Please update the address of authorized member Cory Hedgepeth to:		
12421 NW 15th St., Sunrise, FL 33323		
The effective date, if other than the date of filling: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)		
Dated November & , 201 36.		
Signature of a member of Authorized representative of a member		Pin
Cdry Hedgepeth Typed or printed name of signee	NOW TO	TALL
	Ξ	ASS. C
	7	

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Filing Fee: \$25.00