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(Re	questor's Name)	
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PICK-UP	(Requestor's Name) (Address) (City/State/Zip/Phone #) JP	
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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ALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor			
SUR	NAKED M	IEDIA LLC		
5020		Name of Lim	MEDIA LLC Firm/Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		LUIS VECCHI		
			Name of Person	
		NAKED MEDIA LLC		
Firm/Company				
		3317 NW 10 TerSuite 46	08	
			Address	,
		Oakland Park, FL 33309		
•			City/State and Zip Code	
		LVECCHI@T4SS.COM		
		E-mail address: (to be used for future annual report noti	fication)
For fu	irther information c	oncerning this matter, please ca	all:	
LUIS	VECCHI		800 779-0233	
	Name o	f Person		e Telephone Number
Enclo	sed is a check for th	ne following amount:		
≅ \$3	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)

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

DIGITAL MEDIA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 06/03/2016	and assigned
Florida document number L16000108202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
	-	
Enter new mailing address, if applicable:		£ 5
(Mailing address MAY BE A POST OFFICE BOX)		HE S
		SS 29
		TE R IT
B. If amending the registered agent and/or registered	d office address on our records, <u>er</u>	iter the name of the ne
registered agent and/or the new registered office address	<u>here</u> :	70 P
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Florida	Zin Coda

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
MGR	JENSSEN VARELA	3317 NW 10 TER, 408	■ Add
	-	OAKLAND PARK, FL 33309	☐ Remove
			☐ Change
			□ Remove
			☐ Change
			
			Remove
			16 J
			Charge SSA Add
			Add HZ Remove
			☐ Change
			Add
			□ Remove
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ective date, if other than the effective date is listed, the date mate: If the date inserted in this bument's effective date on the listense.	ust be specific and cannot block does not meet the	be prior to date of filing applicable statutory	g or more than 90 days af	otional) ter filing.) Pursua his date will not	nt to 605.0 t be listed
record specifies a delaye he 90th day after the re		out not an effect	ive time, at 12:01	l a.m. on the	e earlier
ed JUNE 27	2016				
	141)				
	Signature of a member	a.u. a.u. ka a.u. a			

Page 3 of 3

Filing Fee: \$25.00