## 116000123552

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## **COVER LETTER**

Division of Co	rporations	,	
One Social	Media Group, LLC		
SUBJECT:			
	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:	
	Teco Gervasini		
		Name of Person	
	147	Firm/Company	
	125 NE 783RÐ ST		
		Address	<del> </del>
	OLD TOWN, 32680		
	teco@visbilitymediafl.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ıll:	
Teco Gervasini		386 628-1271	
Name o	f Person	at () Area Code Daytime	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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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 TOARTICLES OF ORGANIZATION OF

One Social Media Group, 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 were filed on \_\_\_\_\_ June 28, 2016 \_\_\_\_ and assigned Florida document number L16000123552 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Visibility 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: 125 NE 783RD ST (Mailing address MAY BE A POST OFFICE BOX) OLD TOWN, 32680 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: 783RD S+ 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

**AMBR** = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
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an effective date is listed, the o	an the date of filing: ate must be specific and cannot be pric this block does not meet the appli	or to date of filing or more than 9	0 days after filing.) Pursuant to	o 605.0203
	the Department of State's record		ments, this date will not be	. Hated as
e record specifies a do The 90th day after th	elayed effective date, but n e record is filed.	ot an effective time, at	12:01 a.m. on the e	arlier o
July 8	2019			
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11/2	7 / /	horized representative of a mem	<u> </u>	

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Typed or printed name of signee

Filing Fee: \$25.00