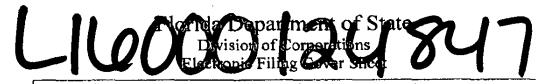
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000198476 3)))



H160001984763ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)

-

: (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, FA

Account Number : I20110000091

: (305)858~9900

Fax Number

: (305)285-0015

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

Email Address:

ediaz anchards-law com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCM MEDIA LLC

UIBAUGII PH 4:23

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

NUS 12 2016 J. HARRIS

ب

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division of Co	rporations					
SUBJECT:	MCM N	MEDIA LLC				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	ELENA DIAZ					
	Name of Person					
	RICHARDS & ASSOCIATES P.A.					
	Firm/Company					
	2665 SOUTH BAYSHORE DRIVE, SUITE 703					
	Address					
	MIAMI, FLORIDA, 3313	3				
		City/State and Zip Code				
	ediaz@richards-law.com					
	E-mail address: (to be used for future annual report notifica	tion)			
For further information of	oncerning this matter, please ca	ali:				
ELENA	DIAZ	305 8589900 at ()				
Name o	f Person	Area Code Daytime To	elephone Number			
Enclosed is a check for the	e following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 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

MCI	M MEDIA LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	on our records.)	
the Articles of Organization for this Limited Liability C lorida document number	ompany were filed on	06/29/2016	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company he	re:	
he new name must be distinguishable and contain the words "Lim-	ited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDR	<u>ESS)</u>	200	1 63
			i i i
). (1)	
uter new mailing address, if applicable:		77	
Mailing address MAY BE A POST OFFICE BOX)	**************************************		- 3
Mauring agaress MAT BE A FOST OFFICE BOAT	<u> </u>		
	<u> </u>	<u> </u>	
 If amending the registered agent and/or regis egistered agent and/or the new registered office add 		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:	Euro 51	ida street address	
	Enter Flor	um sirbet aaaress	
	City	, Florida	Zip Code
	Chy		LAD LEAR

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>	Name	Address	Type of Action
MGR	FERNAN RODRIGUEZ	2665 SOUTH BAYSHORE	Add
		DRIVE, SUITE 703	■ Remove
		MIAMI, FL 33133	□ Change
			☐ Add
			□ Remove
			Change
			□ Add
			□ Remove
	·		☐ Change
			□ Add
			☐ Remove
			Change
			Parraye
			ORIDA Change
	•		□ Add
			☐ Remove
			Change

Rug 1	1 2016 3:00PM	HP LASERJET FAX	305285001	5 p.5
Ifamen	ding any other info	rmation, enter change(s) here: (Att	ach additional sheets, if nec	essary.)
_		,		
				
_				
				<u>-</u>
_				
			· · · · · · · · · · · · · · · · · · ·	
_		· · · · · · · · · · · · · · · · · · ·		
. –				
				
_				
Effectiv	e date. if other than	the date of filing: c must be specific and cannot be prior to date	(opti	ional)
Note: 1	f the date inserted in th	e must be specific and cannot be prior to date is block does not meet the applicable sta he Department of State's records.	of filing or more than 90 days afte atutory filing requirements, thi	r filing.) Pursuant to 605.0207 (.s. date will not be listed as the
	ord specifies a dela 90th day after the	ayed effective date, but not an e record is filed.	effective time, at 12:01	a.m. on the earlier of:
Dated _	AUGUST 11	2016		-
		T D	1-210	SEC 16
		Signature of a member or authorized re	presentative of a member	<u> </u>
	•	France Park		
	**************************************	Typed or printed name	of signee	To E
		·	-	9:3
	•	Page 3 of	3	24

Filing Fee: \$25.00