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(Requestor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: SEIZU	RE MEDIA LLC Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JORGE GONZA	Name of Person	
	SEIZURE MEDIA	A LLC Firm/Company	
	3750 INVERRA	RY DR Unit Z-	15
	JMGCORPORA	L 33319 City/State and Zip Code TION@GMAIL.COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	·	Nation)
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 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

SEIZURE MEDIA LLC

(Name of the Limited Liability Company as it now appears 68 our records.) A 5 48

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company v	vere filed on 0	7/10/2018 E.FI	OKIO and assigned
Florida document number <u>L160001351</u>				<u> </u>
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the de	esignation "LLC" or the	abbreviation "L.1.,C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>.</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			·····
B. If amending the registered agent and registered agent and/or the new registered o	Ů.		our records, ente	r the name of the new
Name of New Registered Agent:	TORO ACC	COUNTING	LLC	
	440 SW 1	21ct TED		
	770 011 1			
New Registered Office Address:	.		ida street address	
New Registered Office Address:	DAVIE	Enter Flori		33325
New Registered Office Address:	DAVIE	Enter Flori	ida street address , Florida	33325 Zip Code
New Registered Agent's Signature, if changing	·	Enter Flori		33325 Zip Code

Alejandro Toro
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 addedor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE M GONZALEZ	3690 INVERRARY DRIVE UNIT 11	
		LAUDERHILL, FL 33319	■ Remove
			Change
MGR	CARLOS A PAEZ	3690 INVERRARY DRIVE UNIT 1	L_□ Add
		LAUDERHILL, FL 33319	⊠ Remove
			Change
MGR	JORGE GONZALEZ	3750 INVERRARY DR UNIT Z-1J	X Add
		LAUDERHILL, FL 33319	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			🗆 Remove
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			🗆 Add
			_□ Remove
			☐ Change

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n effect (te: - H	e date, if other than the date of filing:
he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ed	February 15. 2019. J. Gorzatez
	Signature of a member or authorized representative of a member
	÷ ,

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Filing Fee: \$25.00