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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEDIAW OX ENTERPRISES LIC. Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submittedsfor filing. Please return all correspondence concerning this matter to the following.	
MERALD 6. STOPCZYPSKI	
MEDIRW Ax EVIENDRISES LLC Firm/Company	
P.O.Box 780	
Address	
POMPANO BEACH FUGMIDA 33061 City/State and Zip Code	¢,
MEDIBULY A JANOS. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (91) 899-4300 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status} \Bigcup \text{Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$75.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$860.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$860.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$860.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$860.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \text{\$860.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \text{\$860.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup	

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

MEDIANIX ENTERprises LLC	•			
MEDIAWAX EXTENDATES LLC (Name of the Limited Liability Compa (A Florida Limited I	nny as if now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000174685</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	10160 HATA On VE Sowith BOYNTON BEACH FLORIDA 33436			
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH FLORIDA 35436			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ponparo BEACH FLOQUER 33061			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the never:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida Zip Code			

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 decument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability is company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	ding Authorized I ved from our reco		ge, enter the title, name, and address of each j	person being added
	Manager = Authorized Me	mber		
<u>Title</u>	Name		Address	Type of Action
Anbe	BELALD	E. Stopezyushi	P.O. BOX 780	Add
MY LASA	r pape was	75 13 STORCZYVSki	Pongero BEACH FLORIDA 33061	□ Remove
	MISSPELLER BY IS STOPEZYPSKI AND NOT STOPEZYPSK		Add	
				□ Remove
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				Change
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				Change
				ABI SE
				Mange - 3
				_□ Remove

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Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ry.)
	A

	<u></u>
E. Effective date, if other than the date of filing: OCTOBER DOTE (optional (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	ng.) Pursuant to 605.0207 (3)(b
If the record specifies a delayed effective date, but not an effective time, at $12:01~a.m$ (b) The 90th day after the record is filed.	. on the earlier of:
Dated	16 OCT
Signature of a member or authorized representative of a member	7
horason F. Com - with	2. See 10.
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00