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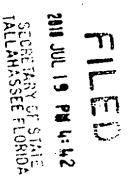
| (Re                     | equestor's Name)   | <del></del> |
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| (Ad                     | ldress)            |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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## **COVER LETTER**

| TO:     |          | istration Sec<br>ision of Corp |  |  |                     |  |        |          |
|---------|----------|--------------------------------|--|--|---------------------|--|--------|----------|
| eun u   | mart.    | Tech Flow,                     | LLC  |  |                     |  |        |          |
| SUBJI   | ECI:     |                                | Name of Lim                                  | ited Liability Company   |                     |  |        |          |
| The en  | closed   | l Articles of A                | mendment and fee(s) are sub                  | mitted for filing.   |                     |  |        |          |
| Please  | return   | all correspon                  | dence concerning this matter                 | to the following:  |                     |  |        |          |
|         |          |                                | Alejandro A. Jerez                           |  |                     |  |        |          |
|         |          |                                |  | Name of Person   |                     |  |        |          |
|         |          |                                | Tech Flow, LLC                               |  |                     |  |        |          |
|         |          |                                | <del></del>                                  | Firm/Company   |                     |  |        |          |
|         |          |                                | 6332 NW 97th Ave                             |  |                     |  |        |          |
|         |          |                                | -  | Address  |                     |  |        |          |
|         |          |                                | Doral FI, 33178                              |  |                     |  |        |          |
|         |          |                                |  | City/State and Zip Code  |                     |  |        |          |
|         |          |                                | ajerez92@yahoo.com                           |  |                     |  |        |          |
|         |          |                                | E-mail address: (                            | to be used for future annual r                                       | eport notification) |  | ~>     |          |
| For fur | rther in | nformation co                  | ncerning this matter, please ca              | all:   |                     | SEC<br>ALL                                       | 2014   |          |
| Alejar  | ndro A   | . Jerez                        |  | 305 905  | 5 7622              | AHAS<br>AHAS                                     | שוער ו |          |
|         |          | Name of                        | Person                                       | Area Code  | Daytime Telephone   | Number SEC FL                                    | P      | <u>m</u> |
| Enclos  | ed is a  | check for the                  | following amount:                            |  |                     | SIMIC<br>JOHNO<br>JOHNIS                         | 4:42   | Same !   |
| ■ \$2   | 5.00 F   | iling Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is encl | osed) C             | 0.00 Filing Fee, ertificate of Sta ertified Copy | tus &  |          |

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

| Tech Flow, LLC   |   |   |
|--|---|---|
| (Name of the Limited Lia<br>(A Flo   | bility Company as it now appears on our records.) orida Limited Liability Company)  |   |
| ne Articles of Organization for this Limited Liabilit orida document number L16000182260   | y Company were filed on   | and assigned                                  |
| is amendment is submitted to amend the following   | <b>3</b> :  |   |
| If amending name, enter the new name of the l  | limited liability company here:   |   |
| erez Media, LLC  |   |   |
| e new name must be distinguishable and contain the words "   | Limited Liability Company," the designation "LLC" or the  | abbreviation "L.L.C."                         |
| nter new principal offices address, if applicable:   |   |   |
| rincipal office address MUST BE A STREET AD  | ODRESS)   |   |
|  |   | <u>.</u> .                                    |
|  |   |   |
| nter new mailing address, if applicable:   |   |   |
| Aailing address MAY BE A POST OFFICE BOX   |   |   |
|  |   |   |
| If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:   | · —   | TALL CARE                                     |
|  | Enter Florida street address  | A \$5   |
| <u> </u>   | , Florida   |   |
|  | City  | Zig Colle                                     |
| ew Registered Agent's Signature, if changing Regist  | ered Agent:   |   |
| hereby accept the appointment as registered age<br>ovisions of all statutes relative to the proper an<br>ecept the obligations of my position as registered<br>eing filed to merely reflect a change in the regist<br>ompany has been notified in writing of this chan | d complete performance of my duties, and I a<br>d agent as provided for in Chapter 605, F.S. C<br>tered office address, I hereby confirm that the | n familiar with and<br>Or, if this document i |
|  | If Changing Registered Agent, Signature of New  | Desistered Agent                              |

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
|              |             |                |                |
|              |             |                |                |
|              |             |                | Change         |
|              |             |                |                |
|              |             |                | □ Remove       |
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|              |             |                | Change Add     |
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|              |             |                | Add            |
|              |             |                | □ Remove       |
|              |             |                | ☐ Change       |

| E. Effective date, if other than the date of filing:  ((aptional))  ((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 filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed. |   | information, enter change(s) l   |                                  | sneeis, ij necessary.)      |              |        |
|--|---|--|----------------------------------|-----------------------------|--------------|--------|
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| Dated  | (If an effective date is listed, the Note: If the date inserted | ne date must be specific and cannot be point this block does not meet the ap | plicable statutory filing requ   | an 90 days after filing.) P |              |        |
| 16063  |   |  | not an effective time,           | , at 12:01 a.m. on          | the earlie   | er of: |
|  | Dated   | - Hea  |                                  |                             |              |        |
| Signature of a member authorized representative of a member  |   | Signature of a member of a   | authorized representative of a n | nember                      |              |        |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00