## LHOUN 197205

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L.V.		

Office Use Only



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FILED
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DIVISION OF COME OF ACTIONS

## COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT:	AERIAL - 51 1	MEDIA LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Has	ROLD CARVATAL Name of Person	
		Firm/Company	
		59 S.W. 145 STRE	<u> </u>
	MIA	Mi FL 33186 City/State and Zip Code	
	E-mail address: (	NVASION @ GMAIL to be used for future annual report notif	COM ication)
For further information co	ncerning this matter, please co	all:	
ItaRoLD Name of	CARVAJAL Person	at ( <u>186</u> ) <u>541-</u> Area Code Daytime	H824 Telephone Number
Enclosed is a check for the	following amount:		
<b>3</b> \$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)
MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:
Registra	tion Section of Corporations	Registration Section Division of Corporation	n
P.O. Bo	x 6327	Clifton Building	
Tallahas	see. FL 32314	2661 Executive Cer Tallahassee, FL 32.	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AERIAL - 51 MEDIA (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)  Jability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on 10-27-16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ility company here:    State
True par vijice uniters in our biz ristribus in businessi,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u>e</u> :
	SW 22 nd ST. 4th FLOOR  Enter Florida street address
Miani	. Florida 33145 Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as point being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
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effect	ve date is listed, the date the date inserted in thi	must be specific ar	nd cannot be pri			days after filing.	
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	d specifies a dela Oth day after the			not an effecti	ve time, at	12:01 a.m.	on the earlier o
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		Signature of	a memoer or av	thorized represen	tative of a memb	er	
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Page 3 of 3

Filing Fee: \$25.00