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SECRETARY OF STATE

K. SALY MAY -8 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Doria Media LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alyson Doria Name of Person
Doria Media LLC Firm/Company
, ,
4731 NW 2nd Ave # 403
Address
Boca Raton FL 33431 City/State and Zip Code alyson@alysondoria.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alyson Doria at (561) 400 4242 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

FILED
2017 MAY -4 PM 4: 01
IALLAHASSEE, FLORIDA

Zip Code

DORIA MEDIA LLC [Name of the Limited Liability Company as it now appears on our records.] (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 11-16-16 and assigned Florida document number 126006210144.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida

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.

City

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
MGRM	Alyson Doria	4731 NW 2nd Ave #4	Add
		4731 NW 2nd Ave #4 Boca Raton FL	Remove
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Page 3 of 3

Filing Fee: \$25.00