L/6000232101

(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



900302712679

00/21/17--01016--008 **25.00

J8/2/17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

gistration Section vision of Corporations		
WOMEN IN	V RADIO LLC of Limited Liability Company	
Articles of Amendment and fee(s) ar	re submitted for filing	
all correspondence concerning this m	natter to the following:	
· MEI	AGHAN TAYLO	R
V	VOMEN IN RABI	
18940 SW	32 ND S+	
INFO	City/State and Zip Code	33029
E-mail addres	s. (to be used for future annual report no	llo.org
		ne Telephone Number
eck for the following amount:		
g Fee S30.00 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)
	Articles of Amendment and fee(s) and all correspondence concerning this matter, please that the following amount: Seek for the following amount: Seek for the following Fee & San Concerning Fee & S	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Alticl

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

(Name of the Limited Liability Comp (A Florida Limited	Pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1600 232101.	y were filed on 12/27/2016 and assigned
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 Liabi Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abbreviation "LLC."
(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 agent.	NIG 21 PH 4: 54 LLAHASSEE, FLORIDA
registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 8459	PINES BIVD STE 488 Enter Florida street address
MIRA	MAY , Florida 33029 Zip Code
Agent:	Zip Code
I hereby accept the appointment as position 1	

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.

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>	<u>Name</u>	<u>Address</u>	
AMBR	MEAGHAN TAYLOR	18459 PINES BIVD SHE 488, MIRAMAR FL 33029	Type of Action
			🗆 Remove
			Change
			D Add
			🗆 Remove
			Change
			□ Add
			_□ Remove
			_□ Change
			□ ∧dd
			□ Remove
			□ Change
			□∧dd
			□ Remove
			I Change
] Add
			Remove
			Change

			
			<u> </u>
			
			
			
	······································	TALI	=
		CRETAKY OF	AS T
		ASSE SSE	₹ = E
		mo T	<u> 35. ∩</u>
		FLOR	<u>.</u>
		O A	55
			
			
			
ective date, if other than the date of fili	g:		
te: If the date inserted in this block de	I cannot be prior to date of filing one the applicable statutors	or more than 90 days after filing.) Pursuant to	605.0207 (3)
cument's effective date on the Department of	tate's records.	ning requirements, this date will not be	listed as the
record specifies a delayed effective	lata I i		
record specifies a delayed effective he 90th day after the record is filed	ate, but not an effective	e time, at 12:01 a.m. on the ea	rlier of:
ed Avgust 7+n	2017.		
	1		
Signature of h	ember or authorized representati		

Page 3 of 3

Filing Fee: \$25.00