L17000016408

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
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M. MILLIGAN AUG 0 7 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2018

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC 1401 W FLAGLER ST MIAMI, FL 33135

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC

Ref. Number: L17000016408

We have received your document for BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan

Letter Number: 418A00010519

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June 8, 2018

BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC PO BOX 441657 MIAMI, FL 33144

SUBJECT: BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC

Ref. Number: L17000016408

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Letter Number: 618A00012017

Division of Corporations

COVER LETTER

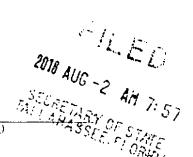
TO: Registration S Division of Co					
BRONZE	VILLE COMMONS NEWS NE	ETWORK (BCNN) LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	ALONZO BUCHANAN I	R.			
	BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC Firm Company 1401 WEST FLAGLER STREET				
		Address			
	MIAMI, FLORIDA 33135				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	a.buchananjr@att.net	to be used for future annual report n	witenian		
For further information	concerning this matter, please co		outcanon)		
ALONZO BUCHANA		305 904 4642			
			ime Telephone Number		
Name	of Person	Area Code Dayt	ame Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified ((additional d	e of Status & Copy opy is enclosed)	
	PAYMI	5UT OF 457,00	ALAGAdy	RECEIVED	
MAII	LING ADDRESS:		RIER ADDRESS:	PAID	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BRONZEVILLE COMMONS NEWS NETWORK (BCNN) LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) January 20, 2017 The Articles of Organization for this Limited Liability Company were filed on _ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BRONZEVILLE COMMONS NETWORK 1.1.CThe new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. BOX 441657 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 __ Cin 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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the reffective date is listed, the date mu te: If the date inserted in this b.	at be specific and cannot b	e prior to date of tiling	or more than 90 days :	after filing.) Pursuant this date will not b	to 605,0200 e-listed as
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Page 3 of 3

Filing Fee: \$25.00