

LI700051634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

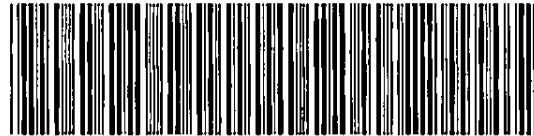
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 OCT 19 P 12:26
TALLAHASSEE, FLORIDA

D. SCOTT
OCT 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acme On The Go Mobile 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:

Troy STEVENSON
Name of Person

Acme On the Go Mobile Media LLC
Firm/Company

6031-Wesley Grove BLVD
Address

Wesley Chapel FL 33544
City/State and Zip Code

TroyNYC65@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troy Stevenson at (813) 727-4111
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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)~~

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

TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Acme On the Go Mobile 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 03-06-2017 and assigned Florida document number E17000051634.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Acme On The Go Mobile Media LLC

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)

Troy Stevenson
6031 Wesley Grove Blvd
Wesley Chapel FL 33544

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

City

Zip Code

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= Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Troy Stevenson	6031-Wesley grove Blvd	<input checked="" type="checkbox"/> Add
		Wesley Chapel fl 33541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I AM ADDING MYSELF TO LLC AS
A MANAGER. THANK YOU.
* PLEASE ADD MY TAX # ALSO
TAX ID # 82-0894117

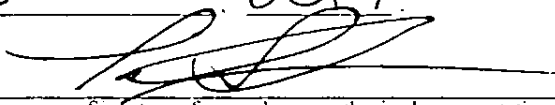
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 of:
(b) The 90th day after the record is filed.

Dated 10-03-2017



Signature of a member or authorized representative of a member

Troy STEVENSON

Typed or printed name of signee

Tax ID
82-0894117

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2017 OCT 10 12:21
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FLORIDA